# Forms and Informational Packets Pertinent to **U.S. Savings Bonds/Notes**

Forms are available from your servicing Treasury Retail Securities site and may be downloaded from <a href="http://www.treasurydirect.gov">http://www.treasurydirect.gov</a>. The forms are also shown on the pages indicated in parentheses.

\*FA 400 (page C-2)

Request for Reissue or Refund of Purchase Price Due to Error in Issue or in Registration of United States Savings Bonds

PD F 385 (page C-6) Certificate of Identity

PD F 1048 (page C-7)

Claim for Lost, Stolen, or Destroyed United States Savings Bonds

PD F 1455 (page C-13)

Request By Fiduciary For Distribution Of United States Treasury Securities

PD F 1522 (page C-18)

Special Form of Request for Payment of United States Savings and Retirement Securities Where Use of a Detached Request Is Authorized (Limited use form - must be obtained from TRS on a case basis)

PD F 1849 (page C-22)

Disclaimer and Consent With Respect to United States Savings Bonds/Notes

PD F 1851 (page C-24)

Request to Reissue United States Savings Bonds to a Personal Trust

PD F 1980 (page C-28)

Change of Address and/or Identification of Account for United States Registered Securities

PD F 2513 (page C-30)

Application by Voluntary Guardian of Incapacitated Owner of United States Savings Bonds/Notes

PD F 2966 (page C-34)

Special Bond of Indemnity by Purchaser of United States Savings Bonds/Notes Involved in a Chain Letter Scheme

\*PD F 3062-E (page C-36)

Claim for Relief on Account of Loss, Theft, or Destruction of United States Savings Bonds After Valid Issue But Prior to Receipt by Owner, Co-owner, or Beneficiary

PD F 4000 (page C-38)

Request to Reissue United States Savings Bonds

PD F 5257 (page C-44)

Change of Address Notification for HH/H Accounts

\*PD F 5263 (page C-45)

Order for Series EE U.S. Savings Bonds

\*PD F 5263-1 (page C-47)

Order for Series EE U.S. Savings Bonds to be Registered in Name of Fiduciary

PD F 5336 (page C-49)

Disposition Of Treasury Securities Belonging To A Decedent's Estate Being Settled Without Administration

\*PD F 5374 (page C-56) Series I Order for U.S. Savings

Bonds

\*PD F 5374-1 (page C-58)

Series I Order for U.S. Savings Bonds to be Registered in Name of Fiduciary

PD F 5394 (page C-60) Agreement and Request for Disposition of a Decedent's Treasury Securities

PD F 5396 (page C-68) Direct Deposit Sign-up Form

Informational packets are provided to agents and customers through a Treasury Retail Securities site when the savings bond transaction must be forwarded to Public Debt for processing. Transactions that require forwarding to Public Debt include cases specific to a nonadministered estate, power of attorney, trust, or claim transaction (other than non-receipt). The packets are shown on the pages indicated in parentheses.

Nonadministered Estates Packet (page C-69) Power of Attorney Packet (page C-71)

Trust Packet (page C-72)

Claim Packet (page C-74)

**C**-1 Revised January 2008

<sup>\*</sup>Forms not available online.

# Sample 1 FA 400-M (Page 1 of 2)

Note: The FA 400-M is used by savings bonds agents who submit their savings bonds transactions to the Minneapolis Treasury Retail Securities Site.

A 400-M Rev. 9/07		UEST FOR REISSUE		
DL	E TO ERROR IN ISSU	E OR IN REGISTRAT	ION OF UNITE	D STATES SAVINGS BONDS
nstruction	s			
a reissu Mail the	e or refund of purchase completed form to Trea dersigned presents ar	price. asury Retail Securition and surrenders the fol	es, P.O. Box 21 lowing describ	issue date that you are submitting for 4, Minneapolis, MN 55480-0214. led United States Savings Bonds for
		price (Reason for		2
LX	Reissue to correct e	with a second of the second of the second of		ppear in Section 2.)
which t	his request is based:  O OWNER'S	(Required)	VALUE OF T	ete explanation of the error upon
_			_	
-				1
_				
SERIE	S DENOMINATION (face amount)	SERIAL NUMBER	ISSUE DATE	INSCRIPTION (Social Security or Tax Identification number, names, and addressus exactly as inscribed on bonds)
EE	200	R245320184	4/07	123-45-6789 AMANDA ATKINS
				123 1ST AVE SOMETOWN, MN 12345
12	dersigned requests re  3 - 45 - 67 8  Social Security Number  or first-named co-owner	q or	Correct Issue	month year
Owner	AMAN	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ISONI	
Bonds to	be delivered "care"of"	CONTRACTOR OF THE	3635	/co-owner)
Address	for delivery of bond(s)  IST AVE  Street Address		SOMETO	SWN MN 12345
Co-own	er or Beneficiary	☐ Co-owner	☐ Benef	ficlary
Name: _		AL AL FINE		475
1111	FORM MUST BE SIGN	IED ON BACK (SEE RE	VERSE SIDE TO	REQUEST REFUND)
*				
*				

# Sample 1 **FA 400-M** (Page 2 of 2)

		uting Number:	ments can only be credited to the agent that submitted original purchase request)
6. If this request is granted, the undersigned holds the United States and its agents harmless on account of any claim by any other parties having, or claiming to have, interests in the bond(s), indemnifies unconditionally the United States, and will repay upon demand by the Department of the Treasury or its agents all sums of money that the Department may be obliged to pay on account of the above-described bond(s), including any interest, administrative costs, and penalties, and any other liabilities or loss the Department may incur on account of these bond(s).  OFFICIAL STAMP OR SEAL  BANK USA Name of Institution  Date  BANK USA Name of Institution  TANE DOE Print Name  123 MAIN ST Street Address SOMETOWN MN 12345  (123) 456-7890 Phone Number (contact person)  TANE DOE BANKUSA-COM	☐ Remit payment by o	heck, payable to:	Name of Institution
6. If this request is granted, the undersigned holds the United States and its agents harmless on account of any claim by any other parties having, or claiming to have, interests in the bond(s), indemnifies unconditionally the United States, and will repay upon demand by the Department of the Treasury or its agents all sums of money that the Department may be obliged to pay on account of the above-described bond(s), including any interest, administrative costs, and penalties, and any other liabilities or loss the Department may incur on account of these bond(s).  OFFICIAL STAMP OR SEAL  BANK USA  Name of Institution  TANP DOE  Print Name  123 MAIN ST  Street Address  SOMETOWN MN 12345  (123) 456-7890  Phone Number (contact person)  TANP DOE  BANKUSA-COM		_	
account of any claim by any other parties having, or claiming to have, interests in the bond(s), indemnifies unconditionally the United States, and will repay upon demand by the Department of the Treasury or its agents all sums of money that the Department may be obliged to pay on account of the above-described bond(s), including any interest, administrative costs, and penalties, and any other liabilities or loss the Department may incur on account of these bond(s).  OFFICIAL STAMP  OR  SEAL  Date  BANK USA  Name of institution  ANP DOE  Print Name  123 MAIN ST  Street Address  SOMETOWN MN 123 45  (123) 456-7890  Phone Number (contact person)  TANE DOE  BANKUSA.COM		-	City, State & ZIP
	account of any claim indemnifies unconditi the Treasury or its agrof the above-describe other liabilities or loss OFFICIAL STAM	by any other parties havin onally the United States, a ments all sums of money that the Department may incure the Department may be a support to the Department may be a support to the Department may incure the Department may be a support to the Department may incure the Department may be a support to the Department may be a suppo	g, or claiming to have, interests in the bond(s), and will repay upon demand by the Department of at the Department may be obliged to pay on account nterest, administrative costs, and penalties, and any or on account of these bond(s).  3-07  Date  NK USA  Name of Institution  NE DOE  Print Name  3 MAIN ST  Street Address  METOWN MN 12345  City, State & ZIP  456-7890  Phone Number (contact person)  E.DOE BANKUSA.COM
	8		

# Sample 2 **FA 400-P** (Page 1 of 2)

Note: The FA 400-P is used by savings bonds agents who submit their savings bonds transactions to the Pittsburgh Treasury Retail Securities Site.

Instructions  Complete a separate form for each different bond registration and/or issue date that you are a reissue or refund of purchase price.  Mail the completed form to Treasury Retail Securities, P.O. Box 299, Pittsburgh, PA 152  The undersigned presents and surrenders the following described United States Save Refund of purchase price (Reason for request must appear in Section 2.)  Reissue to correct error (Reason for request must appear in Section 2.)  The undersigned certifies that the following is a true and complete explanation of the which this request is based: (Required)  OWNER NOT ENTITIED OUE TO TERMINATION OF EMPLOYEE BOND; BALANCE IN A (COUNT TO BE REFUNDED TO EMPLOYEE.	e submitting for 30-0299p. rings Bonds for error upon
Complete a separate form for each different bond registration and/or issue date that you are a reissue or refund of purchase price.  Mail the completed form to Treasury Retail Securities, P.O. Box 299, Pittsburgh, PA 152.  The undersigned presents and surrenders the following described United States Sav Refund of purchase price (Reason for request must appear in Section 2.)  Reissue to correct error (Reason for request must appear in Section 2.)  The undersigned certifies that the following is a true and complete explanation of the which this request is based: (Required)  OWNER NOT ENTITIED OUF TO TERMINATION OF EMPLY DESCRIPTION OF EMPLY BOND: BALANCE IN ACCOUNT TO BE	30-0299p. rings Bonds for e error upon
A reissue or refund of purchase price.  Mail the completed form to Treasury Retail Securities, P.O. Box 299, Pittsburgh, PA 152  The undersigned presents and surrenders the following described United States Sav  Refund of purchase price (Reason for request must appear in Section 2.)  Reissue to correct error (Reason for request must appear in Section 2.)  The undersigned certifies that the following is a true and complete explanation of the which this request is based: (Required)  OWNER NOT ENTITLED OUF TO TERMINATION OF EMPLOYED FROM PAYROLL NOT SUFFICIENT  ISSUE BOND: BALANCE IN A (COUNT TO BE	30-0299p. rings Bonds for e error upon
Reissue to correct error (Reason for request must appear in Section 2.)  The undersigned certifies that the following is a true and complete explanation of the which this request is based: (Required)  OWNER NOT ENTITLED DUE TO TERMINATION OF EMPERISONS DEDUCTED FROM PAYROLL NOT SUFFICIENT ISSUE BOND; BALANCE IN A (COUNT TO BE	LOYMENT.
The undersigned certifies that the following is a true and complete explanation of the which this request is based: (Required)  OWNER NOT ENTITLED OUF TO TERMINATION OF EMPLY  FUNDS DEDUCTED FROM PAYROLL NOT SUFFICIENT  ISSUE BOND; BALANCE IN ACCOUNT TO BE	LOYMENT.
ISSUE BOND; BALANCE IN ACCOUNT TO BE	TA
THE DIED IS LITTLE .	10
SERIES DENOMINATION (face amount) SERIAL NUMBER ISSUE DATE (Social Secunty or Tax Identificates as inscribed on bi	ification number, es exactly
EE 100 C719579102 6102 123-45-123 157 A SOMETOWN	ARTIN VE
The undersigned requests reissue as follows:  Correct Issue Date:  month  or  Tax Identification Number	year
Owner or first-named co-owner	
Bonds to be delivered "care" of "(Name, if different from above owner/co-owner)	
Address for delivery of bond(s)	
Street Address City State  Co-owner or Beneficiary Co-owner Beneficiary  Name:	ZIP
FORM MUST BE SIGNED ON BACK (SEE REVERSE SIDE TO REQUEST REFUND)	

# Sample 2 **FA 400-P** (Page 2 of 2)

	☐ Credit our Reserve/Corresponden  ABA Routing Number:	t ACCOUNT (payments can only be credited to the agent that submitted original purchase request)  444 444 454
	Branch Number:	-111-144 124
	Remit payment by check, payable	Name of Institution
		Street Address/Mailing Address
		City, State & ZIP
6.	account of any claim by any other pindemnifies unconditionally the Unithe Treasury or its agents all sums of the above-described bond(s), incother liabilities or loss the Department of the John Corp.  OFFICIAL STAMP OR SEAL	signed holds the United States and its agents harmless on parties having, or claiming to have, interests in the bond(s), ited States, and will repay upon demand by the Department of of money that the Department may be obliged to pay on accountluding any interest, administrative costs, and penalties, and any ent may incur on account of these bond(s).  6-20-07  Date  BANK USA  Name of institution  HEAD CASHIER  Signature and Official Title or Designation  JANE DOE  Print Name  123 MAIN ST  Street Address  SOMETOWN PA 12345  City, State & ZIP  C123) 456-7890  Phone Number (contact person)  DANE. DOE BANKUSA.COM  Email Address
	9	

# Sample PD F 0385 E

For official use only:	
PD F 0385 E	Customer No.
Department of the Treasury Bureau of the Public Debt (Revised November 2006)	CERTIFICATE OF IDENTITY OMÉ No. 1536
	form. You should be aware that the making of any false, fictitious or fraudulent claim or stat United States. PRINT IN INK OR TYPE ALL INFORMATION
	Affidavit
I certify that the names PEANUT (	PARSONS and PETER PPARSONS
refer to the same person, whose correct	0 - 0 00
	2007 any other person known to you by eithe (Date or Period of Time)
of these names? Yes No If Ye.	
• The names are different because: "PER PARSONS BY HIS FAM	ANUT" WAS A NICKNAME FOR PETER PAUL NLY AND FRIENDS.
The source of mv knowledge is:   HAV     25 YEARS.	WE KNOWN PETER PAUL PARSONS FOR OVER
Signature – A person not named on the secu officer.	urities or has no interest in them must sign this form in the presence of a certi
Sign Here: ⇒ Gol Friend	1 SSS-123-4667 atura of Applicant) (Dayline Telephone Number)
Home Address: 123 ANY LAN	NE SOMETOWN IL 12346 ural Route) (City) (State) (2IP Code)
Certification - (Certifying Officer - The Individ	idual must sign in your presence. Complete the certification and affix your stamp or sea
me this 25 day of JUNE (Month)	Gignature and title of certifying officer)  BANK USA, 123 MAINST  (Street address)
	SOMETOWN IL 12345 (City) (State) (Zip Code)
accompanying correspondence, mail to the Treasury Public Debt, using the addresses listed below.  > Definitive (paper) savings bonds – PO Box > All marketable securities and electronic sav CERTIFICATION  Person who signs form – You must sign the United States savings and retirement securities. United States. For complete lists of such officer Certifying officer – The person appearing befor unless heishe is personally known to you. You are an employee (rather than an officer) authority NOTICE UNDER PAPERWORK REDUCTION ACT We estimate that it will take you about 10 minutes to	wings bonds – PO Box 426, Parkersburg, WV 26106-0426  form in the presence of an officer authorized to certify assignments or requests for payme s. Authorized certifying officers are available at financial institutions, including credit unions, it s, see Department Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.  fore you must establish identification by positive and reliable evidence before this form is sign unust complete and sign the certification form and affix your organization's seal or stamp. It zed to certify, insert the words "Authorized Signature" in the space provided for the title.  To complete this form. However, you are not required to provide information requested unless a by comments or suggestions regarding this form should be sent to the Bureau of the Public

# Sample **PD F 1048 E** (Page 1 of 6)

Customer Name			Customer No.
PD F 1048 E Department of the Treas Bureau of the Public Det (Revised July 2007)	ury		STOLEN OR DESTROYED ES SAVINGS BONDS  OMB No. 1535-0013
IMPORTANT: Follow is statement to the United	nstructions in fil I States is a crim	ling out this form. You should that is punishable by fine and PRINT IN INK OR TYP	Visit us on the Web at <u>www.treasurydirect.gov</u> be aware that the making of any false, fictitious, or fraudulent claim or for imprisonment.
	ssing bonds in		u don't know the bond serial numbers, provide as much
ISSUE DATE (If you don't know the exact date, furnish a range of issue dates.)	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Provide complete Social Security Number [for example, 123-45-6789], names, including middle names or initials, and addresses on the bonds)
3/07	200	R242698667EE	123-45-6189
			MELVIN M MILLER
			123 IST AVE SOMETOWN, IL 12345
			POD 12515
			MICHAEL M MILLER
2. DETAILS OF TH			ands, use the continuation sheet on page 6.) and provide complete details of the loss.
		byed $\Rightarrow$ Send any remain d? $4/22/07$	ing pieces with this form.
<ul> <li>When was the l</li> <li>Who had the bo</li> <li>Who had acces</li> <li>What was the n to the person(s)</li> </ul>	s to the bonds	MARY M	TO REMOVE FROM MAILBOX MILLER (MY WIFE) INTO TRASH WITH JUNK MAIL
Who had the bo Who had acces What was the next	s to the bonds esult of your in who had acc	MARY M Iquiry SHE PUT	MILLER (MY WIFE) INTO TRASH WITH JUNK MAIL
Who had the bo Who had acces What was the rito the person(s) Where were the When were the	s to the bonds esult of your in who had acc bonds last pl bonds last se	quiry MARY M quiry sess? SHE PUT aced? IN TRASt 4/15/07	MILLER (MY WIFE) INTO TRASH WITH JUNK MAIL
Who had the bo Who had acces What was the right to the person(s) Where were the When were the Were any identity	s to the bonds esult of your in ) who had acc e bonds last pl bonds last se ification docum	MARY M Iquiry SHE PUT aced? IN TRASE	MILLER (MY WIFE) INTO TRASH WITH JUNK MAIL
Who had the bo Who had acces What was the ri to the person(s) Where were the When were the Were any identi If Yes, please I Have you receive	s to the bonds esult of your ir ) who had acc e bonds last pl bonds last se effication docum ist them:	quiry MARY M quiry sess? SHE PUT aced? IN TRASt 4/15/07	MILLER (MY WIFE)  INTO TRASH WITH JUNK MAIL  IVES NO
Who had the bo Who had acces What was the ri to the person(s) Where were the When were the Were any identi If Yes, please I Have you receive	s to the bonds esult of your ir ) who had acc e bonds last pl bonds last se effication docum ist them:	equiry ess?  SHE PUT aced?  IN TRASH en?  4/15/07 ments also lost or stolen?  ment because of the loss?	MILLER (MY WIFE)  INTO TRASH WITH JUNK MAIL  IVES NO
Who had the bo Who had acces What was the ri to the person(s) Where were the When were the Were any identi If Yes, please I Have you receive	s to the bonds esult of your ir ) who had acc e bonds last pl bonds last se effication docum ist them:	equiry ess?  SHE PUT aced?  IN TRASH en?  4/15/07 ments also lost or stolen?  ment because of the loss?	MILLER (MY WIFE)  INTO TRASH WITH JUNK MAIL  IVES NO
Who had the bo Who had acces What was the ri to the person(s) Where were the When were the Were any identi If Yes, please I Have you receive	s to the bonds esult of your ir ) who had acc e bonds last pl bonds last se effication docum ist them:	equiry ess?  SHE PUT aced?  IN TRASH en?  4/15/07 ments also lost or stolen?  ment because of the loss?	MILLER (MY WIFE)  INTO TRASH WITH JUNK MAIL  IVES NO

# Sample **PD F 1048 E** (Page 2 of 6)

Are you named on the bonds?	garding your authority to complete a c	tem 4. If No, provide the following info	mation:
Describe your authority:	- The state of the	A CONTRACTOR OF THE RES	
t Manager Carlo Market		for, legal representative, administrator, executor, et	c)
Are you court-appointed?	Yes No (If Yes, see LEGAL	REPRESENTATIVE in the Instructions.)	
	ing any minor named on the bonds.	The Art of the Control of the Contro	
	M MILLER 123-45-6789	> DOB? 9/20/200	ollowing
Does the minor live with you?			
	DIE MILLER	MOTHER	
/N	(ame)	(Relationship to Minor)	
123	ZND LANEN, SOME	TOWN, IL 12345	_
Who provides the minor's chief s			
William Street Street Street Street Street Street Street Street Street	DIEMILLER	MOTHER	
CANA	lame)	(Relationship to Minor)	
and the second s	AS ABOVE (Addr		
<ul> <li>Are both parents able to sign the If Yes, skip to Item 5. If No, fully</li> </ul>	complete the following:		
Why are you unable to ob		Π.,	-
<ul> <li>Did that parent have acce</li> </ul>	The state of the s		
<ul> <li>Could that parent have po</li> </ul>	ossession of the bonds?	□N0	
_		is desired. (See Item 5 in the Instruction	
<ul> <li>I/We hereby request:</li> <li>Name(s) in which check is to b</li> </ul>	Substitute Bonds Payment be drawn:		posit
111111111111111111111111111111111111111	(If bonds are in coowne	ship form, see Item 5 in the Instructions.)	
5. DELIVERY INSTRUCTIONS - Co A. Mail Bonds or Redemption C			
MELVIN M MIL	LFR		
122 ICT AVE	SOMETDWN	11 1221	15
(Number and Street, Rural Route, o	or PO Box) (City)	(State) (ZIP	Code)
B. DIRECT DEPOSIT FUNDS AS AU	THORIZED BELOW:		
	(Name/Names on the Ac	the state of the s	
(Depositor's Acc		Type of Account: Checking S	Savings
	1 1 1 1 1 1		
Bank Routing No.	J-LLLLL-LI		
(Financial I	nstitution's Name)	(Phone No.)	
	/av	4.44-4.5	PD F 1048
	(2)		FDF 1046

# Sample **PD F 1048 E** (Page 3 of 6)

bonds become the property of the United St bonds to the United States and bind mysel severally: (1) to surrender the original bond harmless due to any claim by any other po- bepartment of the Treasury, to indemnify un money which the Department may pay due penalties, and any other liability or losses inc form or regarding the bonds described to any	ates. Upon the granting of relief, Iwf flourselves, my/our heirs, executors is to the Department of the Treasury rites having, or claiming to have, ini conditionally the United States and to the redemption of these original burred as a result of such redemption, party having an ownership or entitler	
I/We certify, under penalty of perjury, and sidestroyed, and that the information given is to	severally affirm and say that the bor rue to the best of my/our knowledge a	ds described on this form have been lost, stolen, or and belief.
11 1	you are in the presence of a certify	4 -4 -1 -1 -1 -1
Sign Here ⇒	(Signature)	MELVIN MILLER (Print Name)
Home Address 123 IST	ber and Street or Rural Route)	123-45-6189 (Social Security Number)
SOME TOWN (City)	(State) (2346) (ZIP Code	And and the property
Check "YES" to give us permission to contact E-Mail Address	t you by e-mail or check "NO" if you do no	wish to be contacted by e-mail. Yes No
Sign Here = Molodie	Miller (Signature)	MELODIE MILLER (Print Name)
Home Address 123 2ND	DET ANE N ber and Street or Rural Route)	987-65-4321 (Social Security Number)
SOME TOWN	IL 1234 (State) (ZIP Code	5 555-555-555 (Daytime Telephone Number)
Check "YES" to give us permission to contact E-Mail Address	you by e-mail or check "NO" if you do no	t wish to be contacted by e-mail. Yes No
Sign Here ⇒		
15.0	(Signature)	(Print Name)
Home Address(Num	ber and Street or Rural Route)	(Social Security Number)
(City)	(State) (ZIP Code	(Daytime Telephone Number)
Check "YES" to give us permission to contact E-Mail Address	you by e-mail or check "NO" if you do no	t wish to be contacted by e-mail. Yes No
Certifying Officer – The individuals mu	st sign in your presence. Complet	e the certification and affix your stamp or seal.
I CERTIFY that MELVIN MILL	ER	, whose identity is known or
was proven to me, personally appeared	before me this 23 day o	f APRIL . 2007 . (Year)
at SONIETOWN	(State) and signed this fo	
(City)	(State) Agne P	al was contino
(OFFICIAL STAMP OR SEAL)	BANKUSA	gnature and title of certifying officer)  123 MAINST
	SOMETOW	
	(City) (3)	(State) (ZIP Code) PD F 1048

# Sample **PD F 1048 E** (Page 4 of 6)

I CERTIFY that MELODIE MILLER			itity is known or
was proven to me, personally appeared before me th	is 23 day of AP	RIL.	2007
at SOMETOWN IL (State)	, and signed this form.	(want)	(rear)
(OFFICIAL STAMP	John Voc	MANA 64	ER
OR SEAL)	BANKUSA, 123		
	SOMETOWN	(State)	12346 (ZIP Code)
CERTIFY that		, whose iden	itity is known or
was proven to me, personally appeared before me th	s day of	(Month)	(Year)
at (City) (State)	, and signed this form.	(Hearing)	(Tear)
(OFFICIAL STAMP OR SEAL)	(Signature a	nd tille of certifying office	)
	(Number ar	d Street or Rural Route)	
	(City)	(State)	(ZIP Code)
PESERVED EO	R IDENTIFICATION NOTATION	IS.	
Customer Account Number and Date Established:		nent(s)	
Identified by (Signature and Address):			
	tion above or on a separate re		
established. A notation is adequate if it is sufficiently detail used. You and, if you are an officer or employee of an on the identification.  The signatures to the form must be executed in your preser	ed to permit, at a later date, a de ganization, the organization will	termination of the exa be held fully responsi	ct identification actually ble for the adequacy of
used. You and, if you are an officer or employee of an on the identification.  The signatures to the form must be executed in your preser you witness.  If you are an employee (rather than an officer) authorized	ed to permit, at a later date, a de ganization, the organization will nce. Fully complete and sign the d to certify signatures, insert the	termination of the exa be held fully responsi certification form prove words "Authorized S	ct identification actually ble for the adequacy of ided for each signature Signature" in the space
used. You and, if you are an officer or employee of an on the identification.  The signatures to the form must be executed in your preser you witness.	ed to permit, at a later date, a de ganization, the organization will nce. Fully complete and sign the d to certify signatures, insert the	termination of the exa be held fully responsi certification form prove words "Authorized S	ct identification actually ble for the adequacy of ided for each signature Signature" in the space
used. You and, if you are an officer or employee of an on the identification.  The signatures to the form must be executed in your preser you witness.  If you are an employee (rather than an officer) authorized provided for the title. Insert the place and date, as required	and to permit, at a later date, a de ganization, the organization will have. Fully complete and sign the did to certify signatures, insert the on the form, and impress the se PAPERWORK REDUCTION ACT N in processing your securities trai- ent to borrow money to pay the system to be report taxable income to process your transaction requi- treasury regulations (31 CFR is sure to the following persons or sor payment; agencies (inclu- sons we've lost contact with,	termination of the exa- be held fully responsi- certification form prov- e words "Authorized S all of your organization OTICE saction requests. Oil public debt of the U te to IRS. If volunta- usests. Information cor- part 323) and the Priv- entities: agents and c- ging disclosure through	ct identification actually ble for the adequacy of ided for each signature signature in the space authority comes from nited States. Also, 26 ry that you provide the cerning your securities act on tractors who help us the approved computer st debts; agencies for the security and the security an
used. You and, if you are an officer or employee of an on the identification.  The signatures to the form must be executed in your preser you witness.  If you are an employee (rather than an officer) authorize provided for the title. Insert the place and date, as required PRIVACY ACT AND IN ONLY ACT A	and to permit, at a later date, a de ganization, the organization will once. Fully complete and sign the district of the control of the control of the form, and impress the service of the control of the form, and impress the service of the control of the contro	termination of the exa- be held fully responsi- certification form prov- e words "Authorized S al of your organization" or constant of the U esta IRS. It's volunta- ests. Information cor Part 323) and the Priv- entities: agents and c ding disclosure throug or helping us colle- tings; a Congressions for required to provide one regarding this form	ct identification actually ble for the adequacy of ided for each signature signature in the space in authority comes from nited States. Also, 26 ry that you provide the cerning your securities acy Act. However, the contractors who help us ph approved computer at debts, agencies for il office asking on your sinformation requested a should be sent to the
used. You and, if you are an officer or employee of an on the identification.  The signatures to the form must be executed in your preser you witness.  If you are an employee (rather than an officer) authorized provided for the title. Insert the place and date, as required   PRIVACY ACT AND I  We're asking for the information on this form to assist us is  31 U.S.C. Ch. 31 which authorizes the Treasury Departm  U.S.C. 6109 requires us to use your SSN on certain form  requested information, but without it, we may not be able  holdings and transactions is considered confidential under  following routine uses of this information may include discle  manage the public debt; others entitled to the securitie  matches) determining eligibility for benefits, finding per  investigations or prosecutions; courts, counsel, and others  behalf; and as otherwise authorized by law.  We estimate it will take you about 20 minutes to complete  unless a valid OMB control number is displayed on the  Police Debt, Forms Management Office, Pa	and to permit, at a later date, a de ganization, the organization will once. Fully complete and sign the district of the control of the control of the form, and impress the service of the control of the form, and impress the service of the control of the contro	termination of the exa- be held fully responsi- certification form prov- e words "Authorized S al of your organization" or constant of the U esta IRS. It's volunta- ests. Information cor Part 323) and the Priv- entities: agents and c ding disclosure throug or helping us colle- tings; a Congressions for required to provide one regarding this form	ct identification actually ble for the adequacy of ided for each signature signature in the space in authority comes from nited States. Also, 26 ry that you provide the cerning your securities acy Act. However, the contractors who help us ph approved computer at debts, agencies for il office asking on your sinformation requested a should be sent to the

#### INSTRUCTIONS

PURPOSE OF FORM – Use this form to apply for relief on account of the loss, theft, or destruction of United States Savings Bonds. "Bonds," as used on this form, refers to Savings Bonds, Savings Notes, Retirement Plan Bonds, or Individual Retirement Bonds.

WHO MAY APPLY - This form must be completed and signed by all persons named on the bonds, or by an authorized representative

ATTACHMENTS - If more space is needed for any item, use a plain sheet of paper and attach it to the form

PROOF OF DEATH - If a registrant is deceased, a certified copy of his/her official death certificate must be submitted with this form

LEGAL REPRESENTATIVE - If you were appointed as legal representative because:

- . the owner is deceased (with no surviving coowner or beneficiary named on the bonds), or
- the owner or coowner is a minor, or
   the owner or coowner is incapacitated,

complete the form and submit a court certificate or certified copy of your letters of appointment, under court seal, showing the appointment is still in full force. If your name and official capacity are shown in the registration of the bonds, evidence of your appointment is not necessary.

If no legal representative has been appointed for a deceased or incompetent owner, advise the Bureau of the Public Debt and additional instructions will be provided

MINORS – If a minor (who does not have a court-appointed guardian) is named on the bonds, the minor must complete and sign the form on his/her own behalf if, in the opinion of the certifying officer, he/she is of sufficient competency and understanding to comprehend the nature of the transaction. Otherwise, the form must be signed by both persons on the minor's behalf. If the minor does not reside with either parent, the form must be completed and signed by the person who furnishes the minor's chief support.

SOMEONE ELSE HAD THE BONDS - If another person had possession of the bonds or knowledge of the circumstances of the loss. that person must provide a separate statement explaining the circumstances.

AMOUNT OF BONDS EXCEEDS \$5,000 - If the amount of the bonds involved exceeds \$5,000 and an investigation was made by a law enforcement agency or an insurance, transportation, or similar business organization, provide a copy of the report

COMPLETION OF FORM - Print clearly in ink or type all information requested.

- ITEM 1. Describe the missing bonds. If you don't know the bond serial numbers, indicate the total number of missing bonds and provide as much of the requested identifying information as possible
- ITEM 2. Mark the appropriate boxes and provide complete details of the loss, theft, or destruction
- ITEM 3. Provide details regarding your authority to complete a claim for the missing bonds. If you have been court-appointed, see "LEGAL REPRESENTATIVE" above.
- ITEM 4. Complete this item if a minor is named on the bonds and he/she is not of sufficient competency and understanding to complete the form on his/her own behalf. Provide the minor's name, date of birth, Social Security Number, and all other requested information. See "MINORS" above for more information.
- ITEM 5. Indicate whether you want substitute bonds, payment by check, or payment by direct deposit. If you select "payment by check" and the bonds are in the names of living coowners, provide the name of the coowner to whom the check should be issued. Otherwise, if both coowners sign the form, the check will be issued to both coowners and interest will be reported under the first-named coowner's Social Security Number. Complete Item 6A to provide delivery instructions for the bonds or check. Complete Item 6B if payment by direct deposit is preferred.

NOTE: Series EE and Series I bonds issued February 2003 and later are not eligible for payment until one full year after issue; if payment is requested and such bonds are less than one year old, substitute bonds will be issued instead. Also, if substitute bonds are requested and a bond is within less than one full calendar month of reaching its <u>final</u> maturity, payment will be made instead.

- ITEM 6. Complete Item 6A to provide mailing instructions for the bonds or redemption check or complete Item 6B to provide instructions for direct deposit of the redemption payment.
- ITEM 7. Each person whose signature is required must sign the form in ink, print his/her name, and provide his/her home address, Social Security Number, daytime telephone number, and, if applicable, e-mail address. Each signature must be certified (see CERTIFICATION below).

CERTIFICATION - Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp, which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

WHERE TO SEND – Send the application and any additional information to the Department of the Treasury, Bureau of the Public Debt, using the address listed below that is appropriate to the type of security involved:

- > HH/H savings bonds PO Box 2186, Parkersburg, WV 26106-2186
- E/EE/I savings bonds PO Box 7012, Parkersburg, WV 26106-7012

Note: The instruction page (5) and the continuation page (6), if not needed, may be retained.

#### For Bond-Related Inquiries:

Phone: (304) 480-7711 • Fax: (304) 480-6010 SavBonds@bpd.treas.gov • (5)

PD F 1048

# Sample **PD F 1048 E** (Page 6 of 6)

ISSUE DATE (If you don't know the	FACE	BOND NUMBER	INSCRIPTION (Provide complete Social Security Number [for example, 123-45-6789],
(If you don't know the exact date, furnish a range of issue dates.)	AMOUNT	-2201-11/1/10/2012	(Provide complete Social Security Number [for example, 123-45-6789], names, including middle names or initials, and addresses on the bonds)
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	au naad maaa	a to describe ways bar de	up a continuation shoot and attach if to this form
(II y	ou need more spac	e to describe your bonds, (6	use a continuation sheet and attach it to this form.) PD F 1048

# Sample **PD F 1455 E** (Page 1 of 5)

For official use only: Customer Name				Customer No.	
PD F 1455 E Department of the Treasury Bureau of the Public Debt (Revised July 2006)	P		FIDUCIARY FOR DISTR ATES TREASURY SEC	IBUTION OF	OMB No. 1535-00
			VI	sit us on the Web at y	www.treasurydirect.go
IMPORTANT: Follow instructions at the United State	ations in filling as is a crime th		should be aware that the mak fine and/or imprisonment. OR TYPE ALL INFORMATION	ing of any false, fictillo	us, or fraudulent claim o
One or more fiduciaries (in Treasury Securities and/or of of majority, restoration to co	related paymer	rporate) must use	this form to establish entitler awfully entitled (e.g., terminati	ment and request dist ion of trust, distribution	ribution of United State of an estate, attainme
PART A - REASON FOR D	DISTRIBUTION				
I/We request distribution of	the securities a	and/or related payr	ments for the following reason:		
Termination of trust					
Distribution of an estate					
Attainment of majority					
Restoration to competen	Deriv.				
	Ly				
Other:		_			
PART B - DISTRIBUTION	OF SECURITI	ES AND PAYMEN	ITS		
I/We request that the securiti					
1. Distribute to: Rad	chel h	liggins			
		20	(Name)		
184-56	5-1234 Social Security N	h imbarh	OR	Employer Identification N	umbert.
				C. C. Commission of the Commis	
Matt 10. Outin	Omite,	(Address	nmer Drive Cole	(555) III-22	222
2. Description of securities	and/or relate				
TITLE OF SECURITY	DATE	FACE AMOUNT	IDENTIFYING NUMBER	0.00	STRATION
Paper Series E Bond	1/79	500	D247129786	123-45-67	
Paper Series E Bond	2/79	1,000	M349940626	Richard 2 One Bitmo	
	3/79	1,000	M350622028	Coleman 7	
Plaper Series E Bond	-111				
Paper Series E Bond	-711				
Paper Series E Bond  3. Extent of distribution:	⊠ In full				

# Sample **PD F 1455 E** (Page 2 of 5)

1. Distribute to:			(Name)	
(8	ocial Security f	Number)	OR (Emple	yer Identification Number)
				Par. 100
2. Description of securities	andler relate		and Telephone Number)	
TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
	In full			
VWe request that the securitie				Percentage)
3. Extent of distribution:  We request that the securitie  1. Distribute to:			tributed as follows: (Name)	Percentage)
I/We request that the securitie  1. Distribute to:		ited payments be dis	tributed as follows: (Name)	vercentage) yer identification Number)
I/We request that the securitie	s and/or rela	ated payments be dis	tributed as follows: (Name)	
I/We request that the securitie  1. Distribute to:  (So 2. Description of securities	s and/or relations and/or relate	ited payments be dis Number) (Address ed payments:	(Name)  OR  (Emplo	yer identification Number)
I/We request that the securitie  1. Distribute to:  (So	is and/or rela	ited payments be dis Number) (Address	(Name) OR (Emplo	

# Sample **PD F 1455 E** (Page 3 of 5)

and belief and agree to and assigns, jointly an unconditionally and pro- administrative costs, and	distribution of the securition of severally, to hold the Uni mptly repay the United State	mation provided herein is true es as indicated in Part B. I/We ited States hamless on accou- s in the event of any lass whi	bind ourselves, our heir int of the transaction r	s, legatees, successor
		the release of any information nership or entitlement interest in t	regarding this transaction	uest, including interes n, including informatio
	You must wait until you are i	In the presence of a certifying o	officer to sign this form.	
Sign Here: ⇒	Orba Spith			
•	John Snith	(Applicant's Signatur	(c)	
				1
	Executor und	er will of Richar (Applicant's Title)	d Z Hall, dec	d
	23 Summer (Number and Street, Rural R	toute, or PO Box) (City)	(State)	6384 ZIP Gode)
	(210) 987-2374 (Daytime Telephone Numbe	1)	(E-Mail Address)	
Sign Here: ⇒				
olg// loss		(Applicant's Signatur	(0)	
		(Applicant's Title)		
	(Number and Street, Rural R	Route, or PO Box) (City)	(State)	ZIP Code)
	(Daytime Telephone Numbe	rt.	(E-Mail Address)	
Certifying Officer - Ti		ur presence. You must complete	4-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	vour stamp or seal.
CERTIFY that Joh		an productive transfer of the second		ty is known or was
	appeared before me this	25 day of	lune .	2006
1			(Month)	(Year)
Coteman	(State)	, and signed this form.	AND	
1000		(Signature	and title of certifying officer)	
	CIAL STAMP	Bank USA, 115	2 Main St	
U	R SEAL)	(Number	and Street or Rural Route)	-1 -4 k
		Coleman	TX	76384
See Land 1		(City)	(Štate)	(ZIP Code)
CERTIFY that		Salari Se	, whose ident	ty is known or was
proven to me, personally	appeared before me this	day of	(Month)	(Year)
et (City)	(State)	, and signed this form.		
(r=ey)		(Signature	and title of certifying officer)	
1,22,300	CIAL STAMP			
(OFFIC				
	R SEAL)	(Number	and Street or Rural Route)	

### Sample **PD F 1455 E** (Page 4 of 5)

#### INSTRUCTIONS

USE OF FORM – One or more fiduciaries (individual or corporate) must use this form to establish entitlement and request distribution of United States Treasury Securities and/or related payments to the person lawfully entitled (e.g., termination of trust, distribution of an estate, attainment of majority, restoration to competency).

If more space is needed for any item, use a plain sheet of paper or make photocopies, as necessary, and attach to the form

### PART A - REASON FOR DISTRIBUTION

Mark the box to show the reason for the distribution. If you mark "Other," describe the reason,

Submit a copy of all evidence that establishes your authority to request this transaction. For example, if you are the administrator or executor of an estate, provide a certified copy of your letters of appointment, dated within one year of submission. Submit certified copies of death certificates for all deceased registrants.

### PART B - DISTRIBUTION OF SECURITIES AND PAYMENTS

Complete Items 1 through 3.

- Enter the name of only one distributee in each Part B, item 1. (A separate Part B must be completed for each distributee.) Enter the appropriate social security number or employer identification number.
- 2. Describe only the securities and/or checks which the person shown in Item 1 is to receive, in whole or in part:
  - TITLE OF SECURITY Identify each security by series, interest rate, type, CUSIP, call and maturity date, as appropriate.
    It describing a check, insen the word "check."
  - ISSUE DATE Provide the issue date of each security or check.
  - FACE AMOUNT Provide the face amount (par or denomination) of each security or check.
  - IDENTIFYING NUMBER (if applicable) Provide the serial number of each security, the confirmation number, or the
    check number.
  - REGISTRATION Provide the registration of each security, check, or account; also provide the account number, if any.

TITLE OF SECURITY	DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
aper Marketable Security 118 % TREASURY BOND OF 1004-2009 MATURES 5/15/09 CUSIP 912810CG1	5/15/79	\$5,000	Sorial # 123	JOHN DOE AND JANE DOE SSN 222-22-2222
Spectronic Marketable Security CUSIP 912795QW4	2/5/04	\$1,000		ACCT # 4800-123-1234 JOHN DOE 5SN 222-22-2222
lectronic Series / Savings Bond ERIES I	1/1/02	\$100	Confirmation # 12345	ACCT # N-111-11-1111 JOHN DOE
Tapur Series EE Savings Dend BERIES EE	7/99	\$100	Surlar # C-123,456,789-EE	SSN 222-22-2222 JOHN DOE OR JANE DOE
Shack CHECK	7/26/04	\$351.02	Check # 502123456	JOHN DOE

If unsure what to provide in each of the areas, furnish all identifying information in the space for REGISTRATION.

Mark the box "In full" if the person listed in Item 1 is to receive the entire value of the securities and/or checks described
in Item 2; or if the person listed in Item 1 is not to receive the entire value, mark the second box and provide the
appropriate amount, fractional share, or percentage he/she is to receive.

(4)

Part B continued next page

PD F 1455

### Sample **PD F 1455 E** (Page 5 of 5)

#### PART B - DISTRIBUTION OF SECURITIES AND PAYMENTS (Continued)

In most cases, we will need additional forms and/or information from the distributee. If so, we may contact the distributee directly. If the transaction can be processed without additional forms or information from the distributee, we will send the securities and/or payments directly to the distributee.

Note: If the distributee wants payment of eligible paper securities and the securities are:

- Savings bonds or notes, he/she must complete the request on the reverse of the bond.
- Marketable securities, the fiduciary must complete the assignment on the reverse of the security. The distributee must complete IRS Form W-9.

Any interest that is or becomes due on securities belonging to the estate of the decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.

#### PART C - SIGNATURES AND CERTIFICATIONS

SIGNATURES – The application must be signed in ink. Sign the form in your fiduciary capacity. If the request is on behalf of a corporate fiduciary, the name of the corporation must be given, followed by the signature and title of an authorized officer. If there are two or more fiduciaries, all must join in the request unless by express statute, decree of court, or the terms of the instrument under which the fiduciaries are acting, one or more of them may properly execute the request.

**CERTIFICATION** — Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions.

ADDITIONAL EVIDENCE - The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence

RETURN OF EVIDENCE - If you want the evidence submitted with this form returned to you, please provide a written request when you submit the form and evidence.

WHERE TO SEND - Unless otherwise instructed in accompanying correspondence, send to the Department of the Treasury, Bureau of the Public Debt, using the address listed below:

- Definitive (paper) savings bonds PO Box 7012, Parkersburg, WV 26106-7012 All marketable securities PO Box 426, Parkersburg, WV 26106-0426

### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorities the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 32S) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt, others entitled to the securities or payment, agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts, agencies for investigations or prosecutions; couris, counsel, and others for fitigation and other previously contract with, or helping us collect debts, appeared to the province of the province authorized by law.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requiested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to this address; send to the correct address shown in "WHERE TO SEND" in the instructions.

(5)

PD F 1455

# Sample **PD F 1522 E** (Page 1 of 4)

Customer Na	e anly: me		ustomer Name					
PD F 1522 E	SPECIAL F		UEST FOR PAYMEN			QM	B No. 1535-00	
Sureau of the Revised Febr	Public Debt SECURI SECURI 1	TIES WHERE REQUEST IS	USE OF A DETACH AUTHORIZED	ED i	TRANSFER	CIAL USE ON R MONTH & Y ENT GODE	EAR/_	
	owner or person entitled t	o payment of t	he securities describe	ed below,	which b	ear the n	ame(s) of	
SSUE DATE	SERIAL NUMBER	ISSUE DATE	SERIAL NUMBER	ISSUE I	DATE	SERIAL	NUMBER	
2-84	C430 601 301 EE							
6-84	R89ZIDIIZ EE							
10-88	X12013512 EE							
I reques	ST FOR PAYMENT t that the described bonds e extent of:	be redeemed		in the for		<b>{</b> ⊠ Dir	heck. ect Deposi	
To the	ST FOR PAYMENT  I that the described bonds  e extent of: e this line only if partial reden f the bonds listed. See Item 2  333-44-555 (Social Security Numb	be redeemed inption and reiss in the Instruction	and payment be made ue of the remainder is do ons.)  OR (Employer	esired or if	the sign	Dir	ect Deposi entitled to a	
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# Sample **PD F 1522 E** (Page 2 of 4)

You must wait until you are in the presence of a cer	tifying officer to sign this form.
Sign Here: Device Doc (Signature)	Denise Doe (Print Name)
Home Address 700 Main St (Number and Street or Rural Roule)  Sometown IL 08124 (City) (State) (219 Code)	(E-Mail Address) (666) 123-4568 (Davline Telephone Number)
Certifying Officer - The Individual must sign in your presence. Comple	e the certification and affix your stamp or seal.
ICERTIFY that Donise Doe	, whose identity is known or was
proven to me, personally appeared before me this 10 day of at Some town IL and signed this form (City) (State)	July (Month) , 2006 , (Year) .  (Signature of Certifying Officer)
(OFFICIAL STAMP OR SEAL)  55  st 5  Some town (City)	(Title of Certifying Officer)  of to the street or Rural Route)  1
Customer Account Number 98.76.54321, 3/78	OTATIONS  Document(s) - Description:
INSTRUCTIONS TO CERTIFYING Each person appearing before you must establish identification by positive and or she is personally known to you. Place an adequate notation above or on a si established. A notation is adequate if it is sufficiently detailed to permit, at a actually used. You and the organization will be held fully responsible for the ade	reliable evidence before this form is signed, unless he sparate record, showing exactly how identification was later date, a determination of the exact identification quacy of the identification.
The signatures to the request must be executed in your presence. Fully completer each signature you witness.	
If you are an employee (rather than an officer) authorized to certify signatures, provided for the title. Insert the place and date, as required on the form, and imp	insert the words "Authorized Signature" in the space ress the seal of your organization.
PRIVACY ACT AND PAPERWORK REDUC	TION ACT NOTICE
We're asking for the information on this form to assist us in processing your securities trans which authorizes the Treasury Department to borrow misney to pay the public debt of the SNI on certain forms when we report taxable income to IRS. It's voluntary that you provide to process your transaction requests. Information concerning your securities holdings regulations (31 CFR Part 323) and the Privacy Act. However, the following routine use persons or entities: agents and contractors who help us manage the public debt be disclosure through approved computer matches) determining eligibility for benefits, finding agencies for investigations or prosecutions; courts, coursel, and others for lingation an behalf; and as otherwise authorized by law.	United States. Also, 26 U.S.C. 6109 requires us to use you the requested information, but without it, we may not be able and transactions is considered confidential under Treasure of this information may include disclosure to the following its entitled to the securities or payment; agencies (including persons we've lost contact with or helping us collect debt
We estimate it will take you about 15 minutes to complete this form. However, you are OMB control number is displayed on the form. Any comments or suggestions regarding thi Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form ! "WHERE TO SEND" in the instructions.	s form should be sent to the Bureau of the Public Debt, Form
(2)	

# Sample **PD F 1522 E** (Page 3 of 4)

SSUE DATE	SERIAL NUMBER	ISSUE DATE	SERIAL NUMBER	ISSUE DATE	SERIAL NUMBER
				+	
				-	
		1 2 4 1 1			
				-	
		la consideration			
	(If you need to	more space, use a cor	ntinuation sheet and attack	it to this form.)	

### Sample **PD F 1522 E** (Page 4 of 4)

#### INSTRUCTIONS

USE OF FORM - Use this form to request payment of United States Savings Bonds, Savings Notes, Retirement Plan Bonds, and Individual Retirement Bonds.

WHO MAY COMPLETE – This form may be completed by the owner, coowner, surviving beneficiary, legal representative of the estate of a deceased or incompetent owner, persons entitled to the estate of a deceased registrant, or such other persons who may be entitled to payment under the regulations governing United States Savings Bonds. A minor may sign this form, if in the opinion of the certifying officer, he/she is of sufficient competency to understand the nature of the transaction. (See CERTIFICATION below.) An incompetent person may not sign this form.

COMPLETION OF FORM - Print clearly in ink or type all information requested:

ITEM 1. DESCRIPTION OF BONDS – Provide the name(s) of the person(s) shown in the inscription of the bonds for which payment is requested. Describe the bonds by issue date and serial number. If more space is needed, use the continuation sheet on page 3. If additional space is needed, use a continuation sheet (PD F 3500) and attach it to this form.

#### ITEM 2. REQUEST FOR PAYMENT

- Mark the appropriate box to indicate whether a check in payment or Direct Deposit of the funds to an account at a financial institution is desired.
- If the signer is entitled to a distributive share of the listed bonds or if partial redemption of bonds and reissue of the remainder is desired, that fact must be shown on the line provided. Check the box "to the extent of and insert "5 \_\_\_\_\_\_ (tace amount) and reissue of the remainder." If such bonds have not reached final maturity, partial redemption, at the current redemption value, will be made in amounts corresponding to authorized denominations and the remainder will be reissued showing the original issue date(s). If such bonds have reached final maturity, partial redemption is not permitted and, in this event, full payment will be made.
- The payee's taxpayer identification number must be provided. Furnish the social security number if the payee is an individual. If an estate is involved and IRS has assigned an employer identification number, provide that number.

#### ITEM 3. DELIVERY INSTRUCTIONS

- If payment is to be made by check, furnish the name and address where the check is to be mailed in item 3A.
- For payment by Direct Deposit, complete Item 3B. Furnish the name(s) on the account, the account number, the type of account, and the financial institution's name, the routing/transit number which identifies the institution, and the institution's phone number. You may need to contact the financial institution to obtain the routing number.
- ITEM 4. SIGNATURE The person requesting payment of the bonds must sign the form in ink, print his/her name, and provide his/her address, daytime telephone number, and if applicable, email address. If the name of the person requesting payment has been changed by marriage or in any other legal manner from the name in the inscription of the bonds, the signature to the request for payment must show both names and the manner in which the change was made; for example, "Miss Mary T. Jones now by marriage Mrs. Mary T. Smith." (See CERTIFICATION below.)

CERTIFICATION – The person requesting payment of the bonds must appear before and establish identification to the satisfaction of an officer authorized to certify requests for payment of United States Savings Bonds and sign the request in the presence of the officer. If a minor signs the forms, the officer must be satisfied that the minor is of sufficient competency to understand the nature of the transaction. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, No. 530 and Public Debt Series Nos. 3-80 and 2-98.

WHERE TO SEND – Send the PD F 1522 and the bonds, as well as any other appropriate forms and evidence, to one of the Treasury Retail Securities Sites shown below:

Treasury Retail Securities Site PO Box 299 Pittsburgh, PA 15230-0299 1-800-245-2804 Treasury Retail Securities Site PO Box 214 Minneapolis, MN 95480-0214 1-800-553-2663

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# Sample **PD F 1849 E** (Page 1 of 2)

DF 1849 E			(	Customer No.
repartment of the Treasury lureau of the Public Debt Revised April 2006)		UNITED ST	AND CONSENT WITH RESPI TATES TREASURY SECURIT	ECT TO OMB No. 1535-0113
I. DESCRIPTION OF SECURI	ISSUE	FACE/PAR	Todas as tax sassantas	REGISTRATION
TITLE OF SECURITY	DATE	AMOUNT	BOND NO. OR ACCOUNT NO.	17777777
Apper Series I Bond	12/2006	1,000	M432621944	123-45-6789 Lester L. Lewis 123 Ist St Maintown FL 32960 OR Katherine K. Kelly
	712		led, use the continuation sheet on	name 2)
2. DISCLAIMER AND CONSE		re space is need	sed, use the continuation sheet on	page 2.)
My disclaimer and cor	isent are giver	a for the follow	ing reason(s):	
The intended	1 00-01-	Iner was	s Katherine K. k	latine.
2. Plousting and Cent	IEIC ATION			
3. SIGNATURE AND CERTI YO Sign Here: ⇒ Kathu 321 2nd	inication ou must wait ur him for the property of the property	ntil you are in the left of puner) Some to 34-11-678	he presence of a certifying offi	
3. SIGNATURE AND CERTIFY  Sign Here: ⇒ Kathu  321 2nd  (941) 333-44	Ave nue	ntil you are in the sure of puner). Some to 134-11-678	he presence of a certifying office Kathe  Win FL 32861 (Address)  9 Social Security Number )	cer to sign this form.  Prine K. Kelly (Printed Name)
3. SIGNATURE AND CERTIFY  Sign Here: ⇒ Kathu  321 2nd  (941) 333-44	Ave nue	ntil you are in the sure of puner). Some to 134-11-678	he presence of a certifying office Kathe  Win FL 32861 (Address)  9 Social Security Number )	cer to sign this form.  Prine K. Kelly (Printed Name)  -Mail Address, if Applicable) e certification and affix your stamp or seal.
3. SIGNATURE AND CERTIFY  Sign Here: ⇒ Kathu  321 2nd  (941) 333-44	AVE NUE	ntil you are in the sure of puner). Some to 134-11-678	he presence of a certifying offin Kathe Win FL 32861 (Address) 9 Social Security Number) (E	cer to sign this form.  Prine K. Kelly (Printed Name)  -Mail Address, if Applicable) e certification and affix your stamp or seal. whose identity is known or was
3. SIGNATURE AND CERTIFY  Sign Here: ⇒ Kathu  32.1 2 nd 1  (941) 333-44  (Daytim Certifying Officer - The	Ave nue,  se relephone Nun  endividual mus  erine K	ntil you are in to Kelly (ure of puner) Some to, 34-11-678 (unber) st sign in your p	he presence of a certifying offin Kathe Win FL 32861 (Address) 9 Social Security Number) (E	cer to sign this form.  Prine K. Kelly (Printed Name)  -Mail Address, if Applicable) a certification and affix your stamp or seal.
3. SIGNATURE AND CERTIFY  Sign Here: ⇒ Kathu  321 2nd  (941) 333-44  (Daytim  Certifying Officer - The  I CERTIFY that Kath	Ave nue,  serine K  ppeared before  FI	ntil you are in to Kelly (ure of puner) Some to, 34-11-678 (unber) st sign in your p	he presence of a certifying offin  Kathe  War FL 32861  (Address)  9  Social Security Number)  resence. You must complete the  day of Jan  and signed this form	cer to sign this form.  Prine K. Kelly (Printed Name)  -Mail Address, if Applicable) a certification and affix your stamp or seal.  whose identity is known or was (Mostry 2007 (Mostr)  AVP

### Sample **PD F 1849 E** (Page 2 of 2)

TITLE OF SECURITY	DATE	FACE/PAR AMOUNT	BOND NO. OR ACCOUNT NO.	REGISTRATION

(if more space is needed, use a continuation sheet and attach it to the form.)

#### INSTRUCTIONS

USE OF FORM — Use this form to disclaim your right, title, and interest to United States Treasury Securities and consent to the payment, refund of purchase price, transfer, reissue, or other disposition of them by another person.

A minor or person under legal disability may not complete this form.

ATTACHMENTS - If more space is needed for any item, use a plain sheet of paper and attach to the form.

COMPLETION OF FORM - Print clearly in ink or type all information requested.

- ITEM 1. Describe the securities.
- (TEM 2. Show the name and address of the person to whom you are conveying your interest in the securities. Give the reason(s) you are disclaiming your right, title, and interest in the securities and consenting to the payment, refund of purchase price, transfer, reissue, or other disposition of them by another person.
- ITEM 3. You must sign the form in ink, print your name, and provide your home address, social security number, dayline telephone number, and, if applicable, e-mail address. Your signature must be certified (see CERTIFICATION below).

CERTIFICATION – You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the form in the officer's presence. The certifying officer must fully complete the certification form provided and affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 3:00 and 5:30, or Public Debt Series, Nos. 3:80 and 2:98.

WHERE TO SEND — Unless otherwise instructed in accompanying correspondence, send the completed form and the securities, if any, as well as any other evidence and forms to the Department of the Treasury, Bureau of the Public Debt, using the addresses listed below:

- Definitive (paper) savings bonds PO Box 7012, Parkersourg, WV 26106-7012.
- Marketable securities PO Box 426, Parkersburg, WV 26106-0426.

#### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We've asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6 109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concurning your securities holdings and transactions is considered confidential under Treasury regulations: (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities, agents and contractors who help us manage the public debt; others entitled to the securities or payment, agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts, agencies for investigations or prosecutions; courts, courset, and others for litigation and other proceedings, a Congressional effice asking on your behalf, and as otherwise authorized by law.

We estimate it will take you about 06 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 28106-1328. DO NOT SEND completed form to the above address; send to address shown in "WHERE TO SEND" above.

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PD F 1849

# Sample **PD F 1851 E** (Page 1 of 4)

Sustamer Name			Customer No.
PD F 1851 E Department of the Treasury Sureau of the Public Debt Revised October 2005) IMPORTANT: Follow instru statement to the United Stat	ections in filling out	REQUEST TO REISSUE SAVINGS BONDS TO A P this form. You should be aware it s punishable by fine and/or impriso PRINT IN INK OR TYPE ALL INFO	ERSONAL TRUST  Visit us on the Web at <u>www.treasurydirect.gov</u> hat the making of any false, fictitious, or fraudulent claim or onment.
1. DESCRIPTION OF B		below, in the amount of \$ 2.0	
ISSUE DATE	FACE AMOUNT	BOND NUMBER	REGISTRATION (Social security number and names, including middle names or initials, on the bonds)
2/97	1000	M.293172943EE	987-56-4321
2/97	1000	M293172944EE	Earl Wilson 4357 Hampton Ln Dunkirk Ky 14048
			OR Judy Wilson
2. TRUST INFORMATIO	ON	is needed, use a continuation she	
Grantor's name: *	Earl Wil	igned to the trust: 12-34 Son and Judy Ison and Judy	Wilson
- III GOOG & HAIRS.			
Date the trust was		urch 27, 2002	
Date the trust was     Name(s) of Benefit	ciary(ies), if an Fl		and Sissy Wilson
Date the trust was     Name(s) of Benefit If more than one grantor or	ciary(ies), if an Fl r trustee, list all.		and Sissy Wilson
Date the trust was     Name(s) of Benefit     If more than one grantor or	ciary(ies), if an Fi r trustee, list all. PTION		OR (Employer Identification Number assigned to trust)
Name(s) of Benefic If more than one grantor or 3. NEW BOND INSCRIP	ciary(ies), if an FI r trustee, list all.  PTION  IBER: 12-34 (Social Ser	Botrust Bill Wilson	OR (Employer Identification Number assigned to trust)
Date the trust was     Name(s) of Benefit     If more than one grantor or     NEW BOND INSCRIP  TAXPAYER IDENTIFYING NUM  REGISTRAT	ciary(ies), if an FI r trustee, list all.  PTION  BEER: 12-34 (Social Ser  L/b/T	BO trust Bill Wilson  56789  Curlly Number assigned to trust)  Wilson and Jud	OR (Employer Identification Number assigned to trust)  y Wilson Co-TR
Date the trust was     Name(s) of Benefit     If more than one grantor or     NEW BOND INSCRIP  TAXPAYER IDENTIFYING NUM  REGISTRAT	ciary(ies), if an FI r trustee, list all.  PTION  IBER: 12-34 (Social Ser  LU/D/T  RESS: 4357 (Numbe	BO trust: Bill Wilson  56789  curity Number assigned to trust)  Wilson and Jud  Dtd 3-27-02  Hampton Ln  rand Street Rural Routle, or PO Box	OR (Employer Identification Number assigned to trust)  y Wilson Co-TR
Date the trust was     Name(s) of Benefic     If more than one grantor or     NEW BOND INSCRIP  TAXPAYER IDENTIFYING NUM  REGISTRAT  ADDR	ciary(ies), if an FI r trustee, list all.  PTION  IBER: 12-34 (Social Ser  LU/D/T  RESS: 4357 (Numbe	BO trust: Bill Wilson  56789  curity Number assigned to trust)  Wilson and Jud  Dtd 3-27-02  Hampton Ln  rand Street Rural Routle, or PO Box	OR (Employer Identification Number assigned to trust)  y Wilson Co-TR  Dunkirk KY 14048 (City) (State) (ZIP Code)

### Sample **PD F 1851 E** (Page 2 of 4)

### 4. TAX LIABILITY NOTICE (Carefully read before completing Item 5.)

Upon the reissuance of savings bonds and/or notes to a trust, you must include in your gross income any accumulated interest on the bonds, including any tax-deferred increment noted on Series HH/H bonds, if you have not already reported it, unless, under the grantor trust provisions of the Internal Revenue Code, you are treated as the owner of the portion of the trust represented by any tax-deferred accumulated interest on the reissuad bonds. If you are treated as the owner of that portion, the accumulated interest continues to be your income rather than that of the trust, and therefore, you may continue to defer reporting the interest samed each year. You must include the total accumulated interest in your gross income when the bonds are disposed of or finally mature, whichever is earlier. These rules apply when bonds being reissued are Series I bonds, Series EE or E bonds, or Series HH or H bonds that you have received in exchange for Series EE or E bonds or savings notes if you are the owner of the portion of the trust represented by the tax-deferred accumulated interest.

Generally, you will be treated as the owner of a trust that you have created to the extent that you retain certain powers over or interests in the trust. For example, you will be treated as the owner of the portion of the trust represented by any tax-deferred accumulated interest on the reissued bonds under the following circumstances:

- (1) You will be treated as the owner of a trust to the extent that you have an unconditional power to revest in yourself title to the trust assets. Thus, if you can, at your discretion, revoke all or part of the trust so that the bonds will be returned to you, you will be treated as the owner of the portion of the trust represented by any accumulated interest on the bonds.
- (2) If the trust instrument provides that the reissued bonds or the proceeds from the redemption or disposition of those bonds must be distributed to you or your spouse, or held or accumulated for future distribution to you or your spouse, you will be treated as the owner of the portion of the first represented by any accumulated interest on the bonds. You will be treated as the owner in this circumstance irrespective of the terms of the trust.
- (3) You will be treated as the owner of a trust to the extent, that you retain a power to control the beneficial enjoyment of property transferred to a trust. Thus, if you retain, under the terms of the trust instrument, an immediately exercisable power to determine, in your sole discretion, who will receive the bonds or the proceeds from the redemption or disposition of the bonds, then you will be treated as the owner of the portion of the trust represented by any accumulated interest.

The examples outlined above are illustrative only and they are not intended to cover all possible situations in which you could be treated as the owner of a trust or a portion of a trust. Furthermore, events can occur, such as the renunciation of a retained power or interest, which would cause you to cease being treated as the owner of a trust. If you are not sure whether you will be treated as the owner of a trust, you may request a letter ruling from the Internal Revenue Service. A request for a letter ruling should be sent to: Internal Revenue Service, ATTN: CC: DOM: CORP: T, PO Box 7604, Ben Franklin Station, Washington, DC 20044.

If you have any questions concerning the information to be submitted in connection with a letter ruling request, you may call (202) 622-7560

### 5. TAX LIABILITY STATEMENT (This section must be completed.) You must check box a. or b. (See "TAX LIABILITY NOTICE" above.) "Interest" includes tax-deferred interest represented by tax legends on HH/H bonds as well as interest earned on EE/E or I bonds from the issue date until the date of reissue. This statement will also apply to all future transactions requested by the same owner(s) or person(s) entitled to the same You must mark box a, or b, to indicate if you are the owner of the portion of the trust represented. For Federal income tax purposes: I certify that I will be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being reissued. If this box is marked, the interest will be tax-deferred (interest will not be reported to the Internal Revenue Service as a result of the reissue) I certify that I will not be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being reissued. If this box is marked, interest will be reported to the Internal Revenue Service for the taxable year in which the bonds were reissued to the trust. A 1099-INT will be generated for the social security number specified. If b. is checked and the bonds are in coownership form (e.g., "John Smith OR Jane Smith"), complete the following: (Social Security Number) (Name of principal coowner) is the principal coowner of any bonds registered in coownership form submitted. He/She is responsible for any tax liability resulting from the reissue transaction requested. (A principal coowner is a coowner who (1) purchased the bonds with his/her own funds or (2) received them as a gift, inheritance or legacy, or as a result of judicial proceedings, and has them reissued in coownership form, provided he/she has received no contribution in money or money's worth for designating the other person as coowner on the bonds. The interest will be reported to the Internal Revenue Service, and a 1099-INT will be generated for the social security number

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PD F 1851

specified above.

# Sample **PD F 1851 E** (Page 3 of 4)

Sign Here:   State	SIGNATURES Under penalty of perjury, I, the und the trust is cornect. If Series HI/I/I been notified that I am subject to be notified by the Internal Revenue Serv to backup withholding for one of the trustee must furnish an IRS Form instructions.)	sonds are involved, I certify ckup withholding (as a result ice that I am no longer subje- preceding reasons. If the t	that I am not subjet of a failure to repor- of to backup withholi rust was created by	of to backup withholding either t all interest or dividends), or ( ding. I further certify that the tr some person other than the	<ul> <li>(i) because I have not ii) because I have been ust estate is not subject owner or coowners, the</li> </ul>
Signature of Owner or Principal Cecowner   Princi	The second second	it until you are in the pres	sence of a certifying	ng officer to sign this form.	
Signature of Owner or Principal Cecewners	111 000 -11	1		Enal letter	n
Sign Here:    Sign Here:   Sign	- a work the	ACLE Of Owner or Principal	Coowner)	(Print Na	(me)
Sign Here:     Sign Here:   Signature of Cowner or Beneficiary   Signature of Cowner or Beneficiary	Home Address: 4357	Hampton Ln (Number and Street or Rural F	laute)	987-65-43 (Social Securit	2 ) y Number)
Sign Here:    Judy Wilson (Signature of Coowner or Beneficiary)   1999-88-7777   1999-88-78-78-78   1999-88-7777   1999-88-78-78   1999-88-7777   1999-88-78   1999-88-78   1999-88-7777   1999-88-78   1	Dunkin	K Ky			
(State) (State) (Social Security Number)    Dunkirk	Sign Here: ⇒ Judy	Vilso	eficiary)	Judy Wilson	nme)
(City) (State) (ZP Code) (Daytime Telephone Number Certifying Officer - You must complete the certification and affix your stamp or seal.  ICERTIFY that Earl Wilson (Month) (Month) 20 (Mo	Home Address: 시357	Hampton Ln (Number and Street or Rural F	Route)	999-88-77 (Social Securit	77 y Number)
Certifying Officer - You must complete the certification and affix your stamp or seal.  I CERTIFY that EQ. ( WISON	Dunki	rk KY	100	(555) 222-33	333
proven to me, personally appeared before me this 12th day of November 2.0 (Month) (State)  at Dunkirk (State) (State) (Signature and title of certifying officer)  (OFFICIAL STAMP OR SEAL) (State) (S	(City).	(State	,		
proven to me, personally appeared before me this			the certification a	ind affix your stamp or seal	•
(Signature and title of certifying officer)  Bunklish 123 4th St  City) (Street address)  Dunklish Ky 140  (Street address)  Dunklish Ky 140  (Street address)  Dunklish Ky 140  (State) (Zifet)  at Dunklish Ky 140  (City) (State) (Zifet)  at Dunklish Ky and signed this form.  (Month) (Yifet)  (OFFICIAL STAMP OR SEAL)  OFFICIAL STAMP OR SEAL)  OFFICIAL STAMP OR SEAL)  PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE  We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 3 which authorizes the Treasury Department to bincome to like 3 its voluntary that you private the requests distributed the requests information but without it, we to process your transaction requests. It is not proceedings of the information may include disclosure persons or entities: agents and contractors who help us manage the public debt of their securities or payment; age disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping is disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping is investigations or prosecutions; course, counsel, and others for litigation and other proceedings, a Congressional office asking and as otherwise authorized by law  We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requests. OMB control number is displayed on the form. Any comments or suggestions regarding this form stould be sent to the Bureau of the Pull	roven to me, personally appeared be	efore me this 12+h		November (Month)	2006 (Year)
proven to me, personally appeared before me this 12 th day of November 20 (Month) (Y)  at Dunkirk (City) (State)  (OFFICIAL STAMP OR SEAL)  (Signature and title of certifying officer)  (Signature and t	(OFFICIAL STAM	E	bank USA	123 4th St (Street address)	14048 1219 Code)
proven to me, personally appeared before me this 12 th day of November 20 (Month) (Y)  at Dunkirk (City) (State)  (OFFICIAL STAMP OR SEAL)  (Signature and title of certifying officer)  (Signature and t	CERTIEV that Jord Mil	san		, whose iden	lity is known or was
(City) (OFFICIAL STAMP OR SEAL)  OFFICIAL STAMP (Signature and title of certifying officer)  Bank USA 123 4th St (Steed address)  Dunkink (City) (State) (216  PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE  We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 3 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 8109 requires SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure persons or entities: agents and contractors who help us manage the public debt, officers entitled to the securities or payment; age disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping in agencies for investigations or prosecutions, courts, coursel, and others for litigation and other proceedings, a Congressional office asking and as otherwise authorized by law.  We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requestion. OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Put			th day of		. 2006 .
Bank USA 123 4th St (State)  PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE  We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 3 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 25 U.S.C. 8109 requires SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we to process your transaction requests. Information concerning your securities holdings and transactions is considered confidently regulations (31 GFR Part 323) and the Privacy Act. However, the following reutine uses of this information may include disclosure persons or entities: agents and contractors who help us manage the public debt, others entitled to the securities or payment; agencies for investigations or prosecutions; course, course, and others for litigation and other proceedings; a Congressional office asking and as otherwise authorized by law.  We estimate it will take you about 16 minutes to complete this form. However, you are not required to provide information requestion. Missing the processing of the Pull CMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Pull.		(State) and	d signed this form.	mith Man	aner
PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE  We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 3 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 25 U.S.C. 8109 required SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure persons or entities: agents and contractors who help us manage the public debt, others entitled to the securities or payment; age disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping it agencies for investigations or prosecutions, courts, coursel, and others for litigation and other proceedings, a Congressional office asking and as otherwise authorized by law.  We estimate it will take you about 15 minutes to complete his form. However, you are not required to provide information negusation. CMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Pull		f	Bank USA	11 01	n J
PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE  We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 3 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 8109 requires SSN or certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure persons or entities: agents and contractors who help us manage the public debt, others entitled to the securities or payment, age disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping a agencies for investigations or prosecutions, courts, course, and others for litigation and other proceedings; a Congressional office asking and as otherwise authorized by law.  We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requested CMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Pull.		D	unkirk	(Street address)	14048
We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 3 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 8109 requires SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure persons or entities: agents and contractors who hold us manage the public debt, others entitled to the securities or payment; age disclosure through approved computer matches) determining eligibility for benefits, finding persons we've fost contact with, or helping agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking and as otherwise authorized by law.  We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information neguestics. OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Put			(City)	(State)	(ZIP Code)
We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requests OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Pull.	hich authorizes the Treasury Departmer SN on certain forms when we report tax is a process your transaction requests. I egulations (31 CFR Part 323) and the I ersons or entities: agents and contract isolosure through approved computer in gendies for investigations or prosecution	rm to assist us in processing y it to borrow money to pay the bile income to IRS. It's volunts information concerning your s Privacy Act. However, the full tors who help us manage the batches's determining eligibility is	your securities transa public debt of the Ur- ary that you provide the ecurities holdings ar lowing routine uses in a public debt, others for benefits, finding p	ction requests. Our authority co- nited States. Also, 26 U.S.C. 61 he requested information, but wit and transactions is considered of of this information may include entitled to the securities or pa- ersons we've fost contact with,	D9 requires us to use yo hout it, we may not be at onfidential under Treasu disclosure to the following yment; agencies (includio or helping us collect debt
Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to correct add "WHERE TO SEND" in the instructions.		nutes to complete this form.	However, you are no	at required to provide information	n requested unless a val

### Sample PD F 1851 E (Page 4 of 4)

#### INSTRUCTIONS

USE OF FORM - Complete this form to reissue United States Savings Bonds to a personal trust created by:

- a. The owner, both coowners, or either coowner
- Some other person, provided a person named in a. is a beneficiary of the trust.
- c. For Series EE/E bonds or Series HHVH bonds, some other person, provided a beneficiary of the trust is related to a person named in a. by blood (including legal adoption) or marriage.

"Personal trust" as used in this form is a frust established by natural persons in their own right for the benefit of themselves or other natural persons in whole or in part, and common trust funds comprised in whole or in part of such estates. A bank, trust company, or other financial institution, appointed as trustee of a personal trust, should submit PD F 1456 with this form if the bonds are to be reissued in its name as trustee. of its common trust fund.

This form should not be completed by a person under any legal disability, except for a minor of sufficient competency to sign the request and to understand the nature of the transaction.

COMPLETION OF FORM - Print clearly in ink or type all information requested. If more space is needed for any item, use a plain sheet of ttach II to this form.

ITEM 1. DESCRIPTION OF BONDS - Fill in the total face amount of the bonds for which reissue is being requested. Fully describe this

ITEM 2. TRUST INFORMATION - Provide the taxpayer identification number assigned to the trust, the name of the grantor, the name of the trustee, the date the trust was created, and the name of any beneficiary of the trust (if the trust is an FBO trust). If more than one grantor or trustee, list all. This information will be used to ensure that the new bond inscription contains all appropriate information required by the governing regulations.

#### ITEM 3. NEW BOND INSCRIPTION

- Provide the Social Security Number or Employer Identification Number assigned to the trust.
- Show the name of the trustee, the name of the grantor, and the date the frust was created. If more than one trustee or grantor, list all.

  Show the name of any beneficiary(ics) of the trust (if the trust is an FBO trust) (Sample Registrations, "Tenth National Bank, trustee under agreement with Paul E. White, dated 2/1/02", "Carl A. Black and Henry B. Green, trustees under agreement with Paul E. White, dated 2/1/02", "Carl A. Black and Henry B. Green, trustees under agreement with Paul E. White, dated 2/1/02", "Carl A. Black and Henry B. Green, trustees under agreement with Paul E. White, dated 2/1/02", "Carl A. Black and Henry B. Green, trustees under agreement with Paul E. White, dated 2/1/02", or "Paul E. White, trustee under declaration of trust dated 2/1/02 FBO Henry B. Green.")
- Show the mailing address for the trust. The bonds will be delivered to this address unless you provide different mailing instructions under "Delivery Instructions.
- Insert delivery instructions, if you don't want the bonds mailed to the address shown for the trust. Provide the name and address of the person or institution you want to receive them

### ITEM 4. TAX LIABILITY NOTICE - Carefully read this section before completing item 5.

ITEM 5. TAX LIABILITY STATEMENT — After reading the TAX LIABILITY NOTICE in item 4, you must mark box a, or b. in Item 5. Mark box a. if you will be treated as the owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being reissued. Mark box b. if you will NOT be treated as owner of the portion of the trust represented by the tax-deferred accumulated interest on the bonds being reissued. Interest includes tax-deferred interest represented by tax legends on HH/H bonds, as well as interest earned on EE/E or I bonds from the issue date until the date of reissue.

ITEM 6. SIGNATURES — The completed form must be signed by the owner or both coowners. If the securities are Series E or H bonds, any beneficiary (POD) named on the securities must also sign the form. If any person whose signature is required is deceased, submit proof of his/her death, in the form of a certified copy of the death certificate.

Each person whose signature is required must sign the form in ink, print his/her name, and provide his number, and daytime telephone number. Each signature must be certified (see CERTIFICATION below). and provide his/her home address, social security

CERTIFICATION – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp, which is used when certifying requests for payment. Authorized certifying officers are available at financial institutions, including credit unions, in the United States. For a list of such officers, see Department of the Treasury Circulars. No 530, and Public Debt Series, Nos. 3-80 and 2-98.

### ADDITIONAL REQUIREMENTS FOR REISSUE OF SERIES HH/H BONDS:

- If a granter (creator) of the trust who signs this form has been notified by the Internal Revenue Service (IRS) that he or she is subject to backup withholding or if the IRS has notified appropriate persons that the trust estate is subject to backup withholding or if the IRS has notified appropriate persons that the trust estate is subject to backup withholding or if the IRS has notified appropriate persons that the owner, principal coowner, or trust is not subject to backup withholding should be crossed out. If the trust was created by some person other than the owner or coowners, the trustee must complete an IRS Form W-9 and submit it with this request for reissue. Forms W-9 are available at financial institutions in the United States and Internal Revenue Offices. These forms can also be found on the IRS website at the address www.irs.gov.
- Ontitled States and internal Nevertus Offices. These forms can also be found on the Indowers of the address www.ins.gov.

  The furnishing of Direct Deposit Information is a condition of reliable of Series HH bonds bearing issue dates of October 1989 and thereafter. A Direct Deposit form, PD F 5396 or SF 1199A, must be completed for Series HH bonds dated October 1989 and thereafter which are submitted for reliable. The Direct Deposit form must be completed by a trustee providing the appropriate information for direct deposit of the semiangual interest payments. Forms SF 1199A are available at financial institutions in the United States. PD F 5396 is available for download on the internet using the "forms" link at the address www.heasurydirect.gov. The financial institution designated to receive the payment can assist in the completion of the Direct Deposit form.

ADDITIONAL EVIDENCE - We reserve the right in any particular case to require the submission of additional evidence

WHERE TO SEND - Send the PD F 1851 and the bonds, as well as any other appropriate forms and evidence, to the Department of the Treasury, Bureau of the Public Debt, PO Box 7012, Parkersburg, WV 26106-7012.

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PD.F 1851

# Sample **PD F 1980 E** (Page 1 of 2)

Customer Name				Customer No.	
PD F 1980 E Department of the Treasury Bureau of the Public Debt (Revised August 2004)				CATION OF ACCOUNT ED SECURITIES	OMB No. 1535-0064
1. PURPOSE OF FORM: I at Notifying you o	m the owner of the f my change of a			below and I am: cribing holdings for identificat	tion of accounts.
2. DESCRÍPTION OF SECUR	RITIES:				
TITLE OF SECURITY (Identify securities by series, interest rate, type, call and maturity dates, as appropriate)	FACE AMOUNT (Denomination)	SERIA	L NUMBER	INSCRIPTI (Exact inscription shown on the	
Series HH	5000	V447	167 411	Samuel Sn	nith
				POD Susan S	mith
Series HH	5000	V44 -	167412	Samuel Sm	ith
				POD Colby	Smith
3. TAXPAYER IDENTIFICAT	ION NUMBER(S	S): (See the I	Instructions.)		
122 115-15	00	· · · · ·	Samonia	1 Chail	
123-45-67 (Social Security Num	89		Samue	Smith me to which number assigned)	
	189 ber)		(Na	me to which number assigned)	
(Social Security Numi (Social Security Numi (Employer Identification N	ber)		(Na		
(Social Security Numi (Social Security Numi (Employer Identification N	ber)	nith	(Na	me to which number assigned)	
(Social Security Numi  (Social Security Numi  (Social Security Numi  (Employer Identification N  4. CHANGE OF ADDRESS II  Former address: Sar	ber)	nith fre	(Na	me to which number assigned) me to which number assigned)	12345 (ZIP Code)
(Social Security Numi  (Social Security Numi  (Social Security Numi  (Employer Identification N  4. CHANGE OF ADDRESS II  Former address: Sar	ber)  NFORMATION: MULL SN  15+ F	nith fre	(Na (Na (Name Some tox (City)	me to which number assigned) me to which number assigned)  (State)	12345 (ZIP Code)
(Social Security Num)  (Social Security Num)  (Employer Identification N 4. CHANGE OF ADDRESS II Former address: 122  (Number	ber)  NFORMATION: MULL SN  15+ F	nith tre simith	(Na) (Na) (Na) (Name	me to which number assigned) me to which number assigned)  (State)	12345 (ZIP Code)
(Social Security Numi  (Social Security Numi  (Social Security Numi  (Employer Identification N  4. CHANGE OF ADDRESS II  Former address:    12	ber)  Sumber)  NFORMATION:  NFO	oute)  AXPAYER ID  on this form is r  ause (a) I am e bject to backup, nure Service this tt alien).	(Name Sometow) (City) (Name City) (Name Ci	me to which number assigned) me to which number assigned)  (State)  (State)  NUMBER:  ar identification number (or I am up withholding, or (b) I have no result of a failure to report all in subject to backup withholding, a	(ZIP Code)  n waiting for a number of been notified by the terest or dividends, ond
(Social Security Numi  (Social Security Numi  (Employer Identification N  4. CHANGE OF ADDRESS II  Former address: 122  (Number  New address: 201  (Number  5. SIGNATURE AND CERTIF  Under penalty of perjury, 1 certify  1. The taxpayer identification to be issued to me), and 2. I am not subject to backu Internal Revenue Service (c) I have been notified by	ber)  NFORMATION:	oute)  AXPAYER ID  on this form is r  ause (a) I am e bject to backup  nue Service the  tt allen).  we if you have terest and divice	(Name (Name (City) (Name (City))  (Name (City) (Name (City))  (Name (City) (Name (City))  (Name (Name (City))  (Name (Name (Name (City)))  (Name	me to which number assigned)  me to which number assigned)  me to which number assigned)  (State)  NUMBER:  ar identification number (or I am up withholding, or (b) I have no result of a failure to report all in subject to backup withholding, a vithe IRS that you are currenterturn.)	(ZIP Code)  n waiting for a number of been notified by the sterest or dividends, on the subject to backup

### Sample **PD F 1980 E** (Page 2 of 2)

#### INSTRUCTIONS

USE OF FORM — Use this form to give notice of a change of address or to describe holdings for identification of your account(s). Use this form for Series HH/H savings bonds and/or registered Treasury bonds and notes in definitive/paper form.

WHO MAY COMPLETE THE FORM - The form must be completed by the registered owner or his/her representative.

#### COMPLETION OF FORM

- . ITEM 1. Check the appropriate box to indicate the purpose of the form.
- ITEM 2. Furnish a complete description of the securities. If more space is needed, use a plain sheet of paper and attach it to this form.
- ITEM 3. Furnish the appropriate taxpayer identification number and the name to which it is assigned. The following
  rules must be observed when furnishing the number.
  - If the securities are inscribed in the name of one person as owner, with or without a beneficiary, furnish the owner's social security number. If known, the social security number of the beneficiary may also be furnished.
  - If the securities are inscribed in the names of two persons as coowners, furnish the social security number of the first coowner. If known, the social security number of the second coowner may also be furnished.
  - If the securities are inscribed in the name of a guardian, custodian, or similar representative of the estate of a minor, incompetent, or other ward as owner, furnish the social security number of the minor, incompetent, or other ward.
  - If the securities are inscribed other than in the name of a natural person (in the name of an executor, administrator, trustee, corporation, association, partnership, etc.) furnish the taxpayer identification number assigned to the estate.
- ITEM 4. If you're notifying us of a change of address, provide your former address and your new address. Failure
  to provide prompt notice of a change of address could result in the nonreceipt of an interest check
  or Form 1099-INT.
- ITEM 5. Carefully read the statement and certify that you are not subject to backup withholding, if appropriate. If you are subject to backup withholding, you must strike through Item 2 of this section. Sign the form and provide your daylime telephone number. The signature of a registered owner should be in the same form as that appearing on the bonds. The signature of a representative or fiduciary must be in the same form as that shown in the court papers or other evidence of authority and must be followed by the proper title and reference to the estate or trust, as for example, "John W. Smith, administrator of the estate of Henry L. Smith, deceased."

#### WHERE TO SEND

- > For Treasury bonds/notes Send the form to Bureau of the Public Debt, PO Box 426, Parkersburg, WV 26106-0426.
- For Series HH/H bonds Unless otherwise instructed, send the form to one of the Treasury Retail Securities Sites shown below:

Treasury Retail Securities Site PO Box 299 Pittsburgh, PA 15230-0299

PO Box 214 Minneapolis, MN 55480-0214

Treasury Retail Securities Site

Phone: 1-800-245-2804 Phone: 1-800-553-2663

### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities fransaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 2.6 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. Its voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; course, coursel, and others for litigation and other proceedings; a Congressional office asking on your behalf, and as otherwise authorized by law.

We estimate it will take you about 06 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt. Forms Management Officer, Parkersburg, WV 26106-1328, DO NOT SEND the completed form to the above address; send to correct address shown in "WHERE TO SEND" above.

(2)

PD F 1980

# Sample **PD F 2513 E** (Page 1 of 4)

For official us Customer Na				Customer N	lri.
PD F 2513 E Department of Bureau of the (Revised May	the Treasury A		Y VOLUNTARY GUAR R OF UNITED STATES	DIAN OF	OMB No. 1535-003
IMPORTANT or statemen	: Follow instructions in filling o to the United States is a crime t		hould be aware that the m fine and/or imprisonment TYPE ALL INFORMATION		titious, or fraudulent claim
1. Certifica	te of Qualification				
J,	MARY JOHNS	(Name of Applicant)		, of fu	Il age and residing at
12	NARROW WAS	TINYB	uRG WV	12345 (ZIP Code)	, certify the following
⇒ Ti	ne owner of the bands,	MARTHA	D SMITH		is an adult.
			(Name of Bond Own	er)	2 50 50 50 50
⇒H	s/Her Social Security Numb	eris: 123	- 45-6789 (Social Security Num	dam't	- 1
⇒ H	a/She resides at: 123 A (Numb a/She is mentally incapacital b legal guardian or similar re	ale but a beautiful transfer	Ay TINYBUI (City) dle his/her own affairs:	RG WV	12345 (ZIP Code)
co	urt, no person is otherwise of	qualified to act, a	nd no qualification for s	uch appointment is	pending; and
⇒ II Bo	ne incapacitated person is the ands/Notes listed in Item 2 b	e registered own elow.	er of, or the person ent	itled to, the United	States Savings
	ion of Bonds				
SSUE DATE	BOND NUMBER	ISSUE DATE	BOND NUMBER	ISSUE DATE	BOND NUMBER
8/94	M178 122 931 EE				
1/96	M 181 366 494 EE				
11/96	M 190142396EE				
4/97	M 195 988544 EE				
2/98	M 198366141 EE				
7/98	M 199 889499 EE				
12/98	M97889499I				
. Nature of			untinuation sheet and attac		print (anti-
X A. F	ayment of the above-listed borne lime of this application does	nds. I certify that ti	ne total redemption value		
□ B. F	teinvestment of malured Serio capacitated person's benefit.	es E bonds for S PD F 5263 must b	eries EE bonds. Any p e completed and submitte	roceeds not reinves	ited will be used for the
F	ayment of interest due or pays hublic Debt if the incapacitated he incapacitated person's estate	person dies or is re	stored to competency, a	f or HH listed above if a legal guardian o	. I agree that I will notify r similar representative o
1 b. le	ssuance of substitutes for the a neft, or destruction. {PD F 1048	bove-described b	ands upon my application	and submission of	satisfactory proof of loss
E. F	delease of confidential information of the she has	ation on savings	onds/notes on which ti	ne incapacitated per	son is named owner o

# Sample **PD F 2513 E** (Page 2 of 4)

<ol> <li>Supporting Information in support of the above request(s), I declare that my a and complete, to the best of my knowledge and belief</li> </ol>	enswers to the following question	ns and the other inform	nation given below are true
A. (1) What is your relationship to the incapacital     (2) Are you contributing to his/her care and su     (3) Are any other persons or agencies contributing NAME	ned person? DIAUGHTI upport? XYES NO		names and addresses?
B. Describe the incapacitated person's disability: Has he/she been declared mentally incompete (Proof of incompetency is required – see it C. Is the incapacitated person a patient in a hosp  YES NO If YES, furnish the ager	ent by a court or governmental a em 4B in the Instructions.)	gency? YES	u
D. Does the incapacitated person own any Unite  YES NO If YES, list the additional sheet of paper and attach it to this form.  5. Signatures and Certification  Applicant - You must walt until you are in the pre I petition the Secretary of the Treasury for completic are granted, hereby acknowledge and agree that it Upon approval of the requested transactions, I bind severally, to hold the United States harmless as the bonds/notes and, upon demand by the Department Department of the Treasury all sums of money who	sence of a certifying officer to on of the transactions requeste the proceeds will be used for the dimyself, my heirs, executors, in result of any claim by any other of the Treasury, to indemnify	o sign this form.  d above as authorized e benefit and support administrators, succes parties having, or pla unconditionally the Ui o me as veluntary me.	and registration on a separate it by law, and if such requests t of the incapacitated person, sors and assigns, jointly and liming to have, interests in the interest of the series of the series of the series of the ardian, including any interest.
Department of the Treasury all sums or holing war administrative costs and penalties, or losses incurre furnished any false, flotitious, or fraudulent information in the sum of	on.	MARY JOH	
(Social Security Number)  Certifying Officer – The Individual must sign	in your presence. Complete	1	
to me, personally appeared before me this 137  BY TINYBURG WV (State)	ry day of NOVEMBE, and signed this form.  Trible Hallier	, whose identifications and the of certifying off	y is known or was proven 2006 (Year)
OR SEAL)	TINYBURG	(Street address)	12345 (ZP Code)

# Sample **PD F 2513 E** (Page 3 of 4)

		olication.				
Clara bases			Sign here:			
Sign here: (Signature)	_		aign nere:		(Signature)	
			1.1		10.00000	
(Number and Street or R	ural Route)			(Number	and Street or Rural	Route)
(City) (State)		(ZIP Code)		(City)	(State)	(ZIP Code)
Sign here:			Sign here:			
(Signature)			Sign tiere.		(Signature)	
(Number and Street or R	ural Route)			(Number	and Street or Rural	Route)
(City) (State)		(ZIP Code)		(City)	(State)	(ZIP Code)
			nas Osmalsta			
Certifying Officer - The individual			ince. Complete			
CERTIFY that		and	ales edi	- '	whose identities a	re known or were
proven to me, personally appeared before	re me this		day of	(Month	,	(Year)
(City)	- (Stale)	, and signed	this form.			
(OFFICIAL STAMP OR SEAL)			(Sign	ature and title of o	sensitying officier)	
				(Street adde	ness)	
		(City)			(State)	(ZIP Code)
CERTIFY that		and			whose identities a	re known or were
roven to me, personally appeared befo	re me this		day of	(Month	+	(Vear)
at		, and signed	this form.	the city		(real)
(Giy)	(State)				124/12/12/14	
(OFFICIAL STAMP OR SEAL)			(Sign	ature and title of o	serreying othora)	
				(Street add	ress)	
		(City)	2		(State)	(ZIP Code)
We're asking for the information on this form which authorizes the Treasury Department is SSN on certain forms when we report taxable to process your transaction requests. Informations (31 CFR Part 323) and the Pringersons or entities: agents and contractor disclosure through approved computer mate agencies for investigations or prosecutions. and as otherwise authorized by law.	o to assist us on the borrow more income to If the communion control watch Act. He is who help ushes) determined	In processing you ney to pay the pures. It's voluntary cerning your sec swever, the follow is menage the properties of oil, and others for oil, and others for	blic debt of the Un that you provide the unities holdings and ring rouline uses to ublic debt; others benefits, finding pilitigation and other	tion requests, ited States. Al- e requested inf d transactions of this informati entitled to the proceedings, a	so, 26 U.S.C. 6109 brmation, but withon is considered con- on may include dis- securities or payment contact with, or Congressional office	requires us to use you till, we may not be at fidential under Treasus sclosure to the following the sagencies (including the ping us collect deboat asking on your behalter).
We estimate it will take you about 20 minu OMB control number is displayed on the for Management Office, Parkersburg, WV 26' "WHERE TO SEND" in the instructions.	n. Any comm	ents or suggestio	ns regarding this fo	orm should be s	ent to the Bureau o	I the Public Debt, For

### Sample PD F 2513 E (Page 4 of 4)

#### INSTRUCTIONS

USE OF FORM - Use this form to request transactions involving United States Savings Bonda/Notes owned by a mentally incapacitated person for whose estate no legal guardian or similar representative has been or is to be appointed or is otherwise qualified, for the following purposes:

- To apply for payment if the value of all of the owner's bonds/notes does not exceed \$20,000 and the proceeds will be used for the benefit and support of the incapacitated person. The redemption value of the bonds/notes will be determined as of the date the request is received by the Bureau of the Public Debt
- . To apply for reinvestment of matured Series E bond proceeds in Series EE bonds bearing current issue dates.
- To apply for payment of interest due on any current income savings bands (Series H/HH) registered in the incapacitated person's name.
- . To apply for substitute bonds on behalf of an incapacitated owner on account of the loss, theft, or destruction of the originals.
- . To apply for authority to receive confidential information to which the incapacitated person is entitled.

WHO MAY APPLY - Any relative who is actually supporting or otherwise looking after the affairs of the incapacitated person may apply or, if none, anyone who is a proper person to represent the incapacitated person's interests may apply.

COMPLETION OF FORM – Answer all questions and furnish all information called for. If you need more space for any item, use a plain sheet of paper and attach it to the form. Complete and attach any additional form necessary for the requested transaction.

ITEM 1. Furnish all information requested pertaining to yourself and the incapacitated person.

ITEM 2. List those savings bond/notes to which the application relates by issue date and bond number. Furnish information as to any other savings bonds/notes owned by the incapacitated person on a separate sheet.

(TEM 3. Mark the appropriate box(es) to indicate the nature of your request.

- A. PAYMENT Mark this box to request payment of the incapacitated person's bonds/hotes. The total redemption value of all bonds/hotes owned at the time of this application can't exceed \$20,000. If the total redemption value of all bonds/hotes exceeds \$20,000, this form must not be used to request payment; instead, a legal representative must be appointed for the incapacitated person by the court having jurisdiction. If the bonds to be redeemed have been lest, stoken, or destroyed, a PD F 1048 must also be completed and submitted.
- B. REINVESTMENT Mark this box for reinvestment of matured Series E bonds for Series EE bonds. In applying for a reinvestment authorized by the governing regulations, the new bonds must be registered in the name of the incapacitated person followed by words showing volumery guardianship." A living coowner or beneficiary named on the bonds surrendered in the reinvestment transaction must be designated on the new bonds unless that person is a competent adult and he/she furnishes a certified statement consenting to the omission of his/her name. The rules and regulations in Department Circular, Public Debt Series No. 1-80 and on the applicable form, PD F 5263, must be followed. If the bonds to be reinvested have been lost, stolen, or destroyed, a PD F 1048 must also be completed and submitted.
- C. PAYMENT OF INTEREST Mark this box for payment of interest on current income savings bonds (Series H/HH) now owned by the incapacitated person. You must agree that the interest now due or payable will be used for the benefit and support of the incapacitated person. You must also agree to notify Public Debt promptly if there is a change in the status of the incapacitated person. Interest or current income bonds must be paid by Direct Deposit to the owner's account at a financial institution. You must complete a Direct Deposit form, PD F 5396 or SF 1199A, and submit it with this application. Forms SF 1199A are available at financial institutions in the United States. PD F 5396 is available for download on the Internet using the "forms" link at the address <a href="https://www.trassurydirect.gov">www.trassurydirect.gov</a>. The financial institution designated to receive the payment can assist in the completion of the Direct Deposit form.
- D. MISSING BONDS Mark this box if you wish to obtain substitutes for bonds which have been lost, stolen, or destroyed. You must also complete a PD F 1048, as voluntary guardian, and submit it with this application. If any other person is named on the bonds, he/she must join in signing the PD F 1048.
- E. CONFIDENTIAL INFORMATION Mark this box if you wish to obtain information on savings bonds/notes on which the incapacitated person is named owner or processor, or to which heisfie has become entitled.
- ITEM 4. A. CONTRIBUTION Show whether or not you are contributing to the incapacitated person's support. If other persons are also contributing to the incapacitated person's care and support, their consents must be secured if payment is being requested under Item 3A on page 5. Consent must be given in Item 5.
  - B. PROOF OF INCOMPETENCY If a court has declared the bond owner legally incompetent to manage his/her affairs, you must furnish a copy of the court order, certified under seal of the court. If no such determination has been made, a statement must be furnished from the incapacitated person's attending physician, on the physician's professional stationery, describing briefly the bond owner's condition and indicating whether or not he/she is mentally competent to engage in business transactions. If the incapacitated person is a patient in a public institution, this statement may be made by the chief medical efficer on the institution's official stationery.
  - C. CONSENT OF PUBLIC AUTHORITIES If the incapacitated person is a patient in a hospital or other institution operated by a federal, state, or other governmental authority, and a charge is or may be made for the care given, the governmental agency must furnish a statement on efficial stationary by an authorized official having the duly to fix or collect such charge, consenting to the action requested. Such consent is only required if payment is requested under tem 3A on page 1.
  - D. INCOMPETENT'S OTHER HOLDINGS If the incapacitated person owns United States Savings Bonds/Notes other than those listed in item 2 on this application, describe the additional bonds/notes by serial number, issue date, denomination, and registration on a separate sheet of paper and submit it with this application. This information is only required if payment is requested under item 3A on page 1.
- ITEM 5. Sign the form in ink, print your name, and provide your address, daytime telephone number, and e-mail address, if applicable. The application must also be signed by contributors, if any. All signatures to the form must be properly certified. (See CERTIFICATION below) If it is inconvenient for the contributors to join in the application, their consents may be turnished on separate sheets of paper. The consents must be worded to refer specifically to the action being requested and must be properly signed and the signatures certified.

CERTIFICATION — Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affect the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at banking institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, No. 530 and Public Debt Series No. 3-80.

WHERE TO SEND - Send the application and any supporting evidence to the Department of the Treasury, Bureau of the Public Debt, PO Box 7012, Parkersburg, WV 26106-7012. If payment or reinvestment is requested, the bonds must be submitted with the application.

(4)

PD F 2513

# Sample **PD F 2966 E** (Page 1 of 2)

For official use only:			and the second second
Customer Name			Customer No.
PD F 2966 E Department of the Treasury Bureau of the Public Debt (Revised September 2006)			IRCHASER OF UNITED STATES OMB No. 1535-000 IN A CHAIN LETTER SCHEME
IMPORTANT: Follow instruction United States is a crime that	ctions in filling out this fo is punishable by fine and	orn. You should be aware that the d/or imprisonment. PRINT IN INK OR TYPE ALL INI	making of any false, fictitious or fraudulent claim or statement to the FORMATION
KNOW ALL MEN BY TH	HESE PRESENTS, that	WILLIAM	B FRANKLIN
1 122 IST	AVE	(First Name)	(Middle Name or Initial) (Last Name)
	MI	(Number and Street or R 12346 a	(ural Route)
SOMETOWN	- 0	State) (ZIP Code)	
OF FOUR HUN	DRED DOL	LARS	(\$ 400
(For Series E and Séries I show to be paid to the United State	seven times the face amounts of America: to which o		amount of the savings bonds described below.) gatees, executors, administrators, successors and assigns, jointly an
severally by this agreement.			
WHEREAS, I present and	surrender the following-	described United States Savings B	onds to the United States Department of the Treasury
ISSUE DATE	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Provide complete Social Security number [for example, 123-45-6789], names, including middle names or initials, and addresses on the bonds)
3/94	50	1240988114EE	123-45-6799
3/04	50	L240988114 FE	HERAUDO BULLOCK
-7-17	10	1240488114EE	3610 BIRDSNEST WAY
		need more space, use the continu	SOMETOWN, MI 12346
evidence that I am the purch NOW, THEREFORE, T assigns, or any of them, will	ecretary of the Treasur aser of the bonds, and in THE CONDITION OF The indemnify and save has	y has authorized the REFUND O if I furnish a bond of Indemnity wi HIS OBLIGATION IS SUCH, tha miless the United States from an	scheme and hereby request that the United States REFUND. THE F THE PURCHASE PRICE of these bonds, if I furnish satisfactor, thout surely to the United States of America in the above amount if I i, my heirs, legatees, executors, administrators, successors o sy claim on account of these bonds and interest thereon, and from the claim and shall cenar to the United States all sures of money.
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# Sample **PD F 2966 E** (Page 2 of 2)

	of bonds:		INSCRIPTION
ISSUE DATE	FACE AMOUNT	BOND NUMBER	(Provide complete Social Security number [for example, 123- 45-6789], names, including middle names or initials, and addresses on the bonds)
			1
	-		
	Of you peed more	enace use a continuation of	heet and attach it to the form.)
	(II you need more	11111111111111	A CONTRACTOR OF THE CONTRACTOR
		INSTRUCTION	S retirement plan bonds, and individual retirement bonds.)
amount four times the form. For example, Series I bond, the an  Describe the bonds. Sign the form, show certification.)  CERTIFICATION Person Who Signs For  You must appear be Authorized certifying officers, see Departn Certifying Officer.	se face amount of the Serie for a \$50 Series EE bond, t toount must be shown as "Ti y your mailing address, so m fore and establish identifica officers are available at fi nent of the Treasury Circula	s EE bonds and seven time be amount must be shown a fREE HUNDRED FIFTY DC cial security number, and d tion to the satisfaction of an nancial institutions, includin rs, No. 530, and Public Debi	aylime telephone number. (See the next section regarding proper authorized certifying officer and sign in the presence of that officer g credit unions, in the United States. For a complete list of such Series Nos. 3-80 and 2-98.
The person appearing     personally known to	you. You must complete	and sign the certification f	and reliable evidence before this form is signed, unless he/she is orm and affix the seal or stamp required in certifying requests for
payment.	that you purchased the bor	irchase the bond; or a copy obtained possession from the s under which he/she delive	s a copy of the purchase order; a statement from the issuing agent of the chain letter bearing your name. If the evidence shows that at person, you will also be expected to furnish a notarized statement red the bonds. appropriate evidence, to the Department of the Treasury, Bureau
payment.  ADDITIONAL EVIDENCE You must provide evidence is that accepted the order; the someone else was the purch tom the original purchaser to	aser of the bonds and you be establish the circumstance ne PD F 2966, bonds, proof 7012, Parkersburg, WW 2	6106-7012.	
payment.  ADDITIONAL EVIDENCE  You must provide evidence i hat accepted the order; the someone else was the purch tom the original purchaser to WHERE TO SEND – Send lift of the Public Debt, PO Box Afe're asking for the information Treasury Department to borrow aixable income to IRS. It's videoncerning your securities hold involve uses of this information in securities or payment, agencies	aser of the bonds and you, or stablish the circumstance he PD F 2966, bonds, proof 7012, Parkersburg, WV 2 PRIVACY, on this form to assist us in processing the public debt untary that you provide the rengs and transactions is considency include disclosure to the for (including disclosure to the form to form to form the public form t	6106-7012.  ACT AND PAPERWORK REL essing your securities transactio of the United States. Also, 26 quested information, but without red confidential under Treasury lowing persons or entities; ager approved computer matches) d	
payment.  ADDITIONAL EVIDENCE  frou must provide evidence in that accepted the order; the someone else was the purch of the original purchaser to where the original purchaser to where To SEND — Send lift the Public Debt, PO Box.  Ne're asking for the information reasoury Department to borrow asable income to IRS. It's volconcerning your securities hold in outline uses of this information in ecurities or payment, agencies eleging us collect debts, agencie healt, and as otherwise authorit. We estimate it will take you abodisplayed on the form. Any co	aser of the bonds and you e stablish the circumstance he PD F 2966, bonds, prool 7012, Parkersburg, WW 2 PRIVACY on this form to assist us in proo- money to pay the public debt untury that you provide the re- regs and transactions is considing include disclosure to the foil (including disclosure through so for investigations or prosecu- ted by law. ut 08 minutes to complete this mements or suggestions regar-	ACT AND PAPERWORK REC assising your securities transaction of the United States. Also, 26 juested information, but without red confidential under Treasury towing persons or entities: ager approved computer matches; di dions; courts, counsel, and other form. However, you aire not req ing this form should be sent k.	DUCTION ACT NOTICE  In requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the U.S.C. 6109 requires us to use your SSN on certain forms when we report it, we may not be able to process your transaction requests. Information regulations (31 CFR Part 323) and the Privacy Act. However, the following its and contractors who help us manage the public debt; others entitled to the tearmining eligibility for benefits, finding persons we've lost contact with, or
payment.  ADDITIONAL EVIDENCE  You must provide evidence is hat accepted the order; the someone else was the purch to make the original purchaser to WHERE TO SEND — Send lift of the Public Debt, PO Box.  We're asking for the information Treasury Department to borrow assable income to IRS. It's volconcerning your securities holdinuction uses of this information in exercities or payment, agencies helping us collect debts, agencie-healt, and as otherwise authority the estimate it will take you abodisplayed on the form. Any co	aser of the bonds and you e stablish the circumstance he PD F 2966, bonds, prool 7012, Parkersburg, WW 2 PRIVACY on this form to assist us in proo- money to pay the public debt untury that you provide the re- regs and transactions is considing include disclosure to the foil (including disclosure through so for investigations or prosecu- ted by law. ut 08 minutes to complete this mements or suggestions regar-	ACT AND PAPERWORK REC assising your securities transaction of the United States. Also, 26 juested information, but without red confidential under Treasury towing persons or entities: ager approved computer matches; di dions; courts, counsel, and other form. However, you aire not req ing this form should be sent k.	DUCTION ACT NOTICE  In requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the U.S.C. 6109 requires us to use your SSN on certain forms when we report it, we may not be able to process your transaction request. Information regulations (31 CFR Part 323) and the Privacy Act. However, the following its and contractors who help us manage the public debt others entitled to the elemining eligibility for benefits. Inding persons we've lost contact with, or sor Illigation and other proceedings, a Congressional office asking on your ulired to provide information requested unless a valid OMB control number is the Bureau of the Public Debt, Forms Management Officer, Parkersburg.

# Sample **PD F 3062-E** (Page 1 of 2)

Date of the last	A 700 0 0 0	Company of the Company of the	TOWN THE PARTY OF
		e by fine and/or Imprisonment.	should be aware that the making of any false fictitious, or fraudulent claim or statement to the
Consider the	hands some	ted as not received belo	PRINT IN INK OR TYPE ALL INFORMATION
Describe the	bonus repor		REGISTRATION (All names represented on the bonds)
DATE	DENOM	BOND SERIAL NUMBER	Owner Name Code CoOwner/Beneficiary
7	100	C0761369931EE	023-46-6789
5/03	12.5	r	JOHN Q SAVER MAILTO: MIKE SAVER 123 MAIN ST SOMETOWN, IL 12345
	-		SOMETOWN, IL 12345
			POD SAMMY SAVER
The Boards	- 1		escribe your bonds, use a continuation sheet and attach it to the form.)  (Optional)
The Bonds w		by: JOHN Q	
Based on stat	ements, certif	ications, requests, and ag	greements included in this claim, the Issuing Agent signing below recommends that
replacement b	onds for thos	e described be issued.	
The Bonds w	ere Mailed T	To:	Mail Replacement Bonds To:
N	Sec. 26	1	A+11 CA-1
Name: M	IKE ST	IVER	Nume: MIKE SAVER
Address:		A Cardina	Address: 123 MAIN ST
Address: 12	23 MF	HNST	Address: 123 MAIN ST
Address: 12	23 MF	HINST	Address: 123 MAIN ST Address: City: SOMETOWN ST: 14 ZIP: 12345
Address: 12	23 MF	HNST	Address: 123 MAIN ST Address: City: SOMETOWN ST: 14 ZIP: 12345
Address: 13 City: COME	ST: ZIF	HINST	Address: 123 MAINST Address: City: SOMETOWN ST: 12 ZIP: 12345
Address: 13 Address: 13 City: COME	ST: ZIF	HINST	Address: 123 MAIN ST Address: City: SOMETOWN ST: 14 ZIP: 12345
Address: 13 City: COME	ST: ZIF TOWN	hINST L 12-34c below agrees that if the r 126106-1328 (SEAL OR	Address: 123 MAIN ST Address: City: SOMETOWN ST: 1L ZIP: 12345  missing bonds are ever located, it will surrender then to the Bureau of the Public Debt,  ISSUING AGENT
Address: 13 City: COME	ST: ZIF TOWN	below agrees that if the r 126106-1328 (SEAL OR SUING AGENT'S	Address: 123 MAIN ST Address: City: SOMETOWN ST: 1L ZIP: 12345  missing bonds are ever located, it will surrender then to the Bureau of the Public Debt,  ISSUING AGENT Name: JANE DOE
Address: 13 City: COME	ST: ZIF TOWN	hINST L 12-34c below agrees that if the r 126106-1328 (SEAL OR	Address: 123 MAIN ST Address: City: SOMETOWN ST: 1L ZIP: 12345  missing bonds are ever located, it will surrender then to the Bureau of the Public Debt,  ISSUING AGENT Name: JANE DOE Address: USA BANK
Address: 13 City: COME	ST: ZIF TOWN	below agrees that if the r 126106-1328 (SEAL OR SUING AGENT'S	Address: 123 MAIN ST Address: City: SOMETOWN ST: 1L ZIP: 12345  missing bonds are ever located, it will surrender then to the Bureau of the Public Debt,  ISSUING AGENT Name: JANE DOE Address: USA BANK Address: 123 IST AVE City: SOMETOWN ST: 1L ZIP: 12345
Address: 13 City: COME	ST: ZIF TOWN	below agrees that if the race of the race	Address: 123 MAIN ST Address: City: SOMETOWN ST: 1L ZIP: 12345  missing bonds are ever located, it will surrender then to the Bureau of the Public Debt,  ISSUING AGENT Name: JANE DOE Address: USA EANK Address: USA EANK Address: 123 IST AVE City: SOMETOWN ST: 1L ZIP: 12345 Signature: X JAME DE
Address: 13 City: COME	ST: ZIF TOWN	below agrees that if the race of the race	Address: 123 MAIN ST Address: City: SOMETOWN ST: 1L ZIP: 12345  missing bonds are ever located, it will surrender then to the Bureau of the Public Debt,  ISSUING AGENT Name: JANE DOE Address: USA BANK Address: 123 IST AVE City: SOMETOWN ST: 1L ZIP: 12345 Signature: X JANE JOE Title: HEAD CASHLER
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Address: 13 City: COME	ST: ZIF TOWN	below agrees that if the race of the race	Address: 123 MAIN ST Address: City: SOMETOWN ST: 1L ZIP: 12345  missing bonds are ever located, it will surrender then to the Bureau of the Public Debt,  ISSUING AGENT Name: JANE DOE Address: USA BANK Address: 123 IST AVE City: SOMETOWN ST: 1L ZIP: 12345 Signature: X JANE JOE Title: HEAD CASHLER
Address: 13 City: COME	ST: ZIF TOWN	below agrees that if the race of the race	Address: 123 MAIN ST Address: City: SOMETOWN ST: 1L ZIP: 12345  missing bonds are ever located, it will surrender then to the Bureau of the Public Debt,  ISSUING AGENT Name: JANE DOE Address: USA BANK Address: 123 IST AVE City: SOMETOWN ST: 1L ZIP: 12345 Signature: X JANE JOE Title: HEAD CASHLER
Address: 13 City: COME	ST: ZIF TOWN	below agrees that if the race of the race	Address: 123 MAIN ST Address: City: SOMETOWN ST: 1L ZIP: 12345  missing bonds are ever located, it will surrender then to the Bureau of the Public Debt,  ISSUING AGENT Name: JANE DOE Address: USA BANK Address: 123 IST AVE City: SOMETOWN ST: 1L ZIP: 12345 Signature: X JANE JOE Title: HEAD CASHLER
Address: 13 City: COME	ST: ZIF TOWN	below agrees that if the race of the race	Address: 123 MAIN ST Address: City: SOMETOWN ST: 1L ZIP: 12345  missing bonds are ever located, it will surrender then to the Bureau of the Public Debt,  ISSUING AGENT Name: JANE DOE Address: USA BANK Address: 123 IST AVE City: SOMETOWN ST: 1L ZIP: 12345 Signature: X JANE JOE Title: HEAD CASHLER

# Sample PD F 3062 (Page 2 of 2)

We the undersigned certify the United States Savings Bonds described on the form have not been received, either by us or anyone on our behalf and we do not know what happened to them. If the addressee has moved since the bonds were mailed, we also certify that an inquiry was made at the former address. We request now bonds be issued to We the undersigned, serverally petition the Secretary of the Treasury for relief as authorized by law, and if relief is granted, acknowledge that the original bonds become property of the United States. Upon granting of relief, we assign all our right, title and interest in the original bonds to the United States and bind ourselves, our heirs, executors, administrators, soccessors and assigns, jointly and severally; (1) to untereder the original bonds to the Department of the Treasury if they are recovered; (2) to hold the United States harmless due to any claim by any other parties having, or claiming to have, interest in these bonds; (3) upon demand by the Department of the Treasury, to indemnify unconditionally the United States and to repay to the Department of the Treasury all sums of money the Department may pay due to the redemption of the bonds, including any interest, administrative costs and penalties, and any other faibility or losses incurred as a result of the redemption. We consent to the release of any information contained in the form or regarding the bonds described to any party having an ownership or entitlement interest in the bonds. Registered Bond Owners must sign the form in ink OWNER: JOHN Q SAVER Address: 223 ROSE AVE City: SOMETOWN ST: 1L ZIP: 12345 DayTime Phone Number: 565-787-6666 -Mail Address: CO-OWNER/BENEFICIARY: SAMMY SAVE R Address: 123 MAINST (Print Name) Sawer (SIGNATURE) City: SOMETOWN ST: 1 ZIP: 12345 DayTime Phone Number: 566-989-7777 Mail Address: CONSIGNEE: Address: Address: \_ City: \_\_\_ (Print Name) (SIGNATURE) DayTime Phone Number: -Mail Address: Certification on behalf of minor not under guardianship
(To be executed by both parents if living, in the event the minor does not reside with either parent, also by the person who furnishes the minors chief support.) ocial Security Account of Minor: I/We certify that , age whose behalf I/we are signing, is not of sufficient competency and understanding to sign this form and that he/she is my child and resides with me/us or does not reside with either parent and receives his/her chief support from me. Signature of Mother: X\_ Signature of Father: X\_ Signature of Person who furnishes minor's support: X\_ PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE We are asking for the information on this form to assist us in processing your securities requests. Our authority come from 31 U.S.C. ch 31 which authorizes the Treasury Department to borrow money to pay public debt of the United States. Also 25 U.S.C. 6109 requires us to use your SSN on certain forms when we report assable income to the IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requesting you United States, holding and transactions is considered confidential under the Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine use of the information many include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; XXX (including disclosure through approved computer matches) determining eligibility benefits, finding persons we've lost contact with, or helping us collect debts; agencies investigations or prosecutioms; courts, c

# Sample **PD F 4000 E** (Page 1 of 6)

For official use only:			A Territory	
Customer Name			Customer No.	OMB No. 1535-0023
Department of the Tressury Bureau of the Public Debt Revised July 2006)	REQUES	ST TO REISSUE UNITED ST		
IMPORTANT: Follow insistatement to the United S	tructions in filling out tates is a crime that in	t this form. You should be aware s punishable by fine and/or impriso PRINT IN INK OR TYPE ALL IN		
PART A - NEW BON	D REGISTRATION	V.		
. Bond Description We request reissue of	the bonds describe	d below, in the amount of \$	(tota	I face amount).
ISSUE DATE	FACE AMOUNT	BOND NUMBER	REGISTRAT (Social security numb including middle names or i	er and names,
1/95	1000	M794932174EE	123-45-6789	
		Pre Perin	DAVID ADAMS	
			174 MULBERRY	LN
			RIDGEWAY PA	
			OR	
			SUSAN DANE	
			Jushn 2.01	
Extent of reissue: 3. Requested Registra a. Taxpayer identifica	ation		Fractional Share, or Percentage	
a. raxpayer identifica	mon Number.	(Social Security	Number or Employer Identification Num	ber)
b. Registration:		DAVID ADAM	S Name or Initial, Last Name or Fiduciary In	original and
c. Address:				actions
5/ F/05/1050			RY LN umber and Street or Rural Route)	
		RIDGEWAY	PA (State)	15853 (ZIP Code)
d. To name a coowned beneficiary, completellowing:				
beneficiary (PC	(DD)	SUSAN ADA	MS	
(If a name is shown		(First Na	me, Middle Name or Initial, Last Name)	
box is marked, co be assumed.)	ownership will			
Delivery instruction different from above			(Name)	
			Thenund	
		(Numbe	r and Street or Rural Route)	
		(City)	(State)	(ZIP Code)

# Sample PD F 4000 E (Page 2 of 6)

escribe the reason for the reissue.	criage.	
escribe the reason for the reissue. Change in name by mai	riuge	
If the reason shown above is to correct an error in registrati	ion, provide the following in	nformation.
(1) Who purchased the bonds?		
(2) Whose funds were used?		
(3) How did the error occur?		
(4) (14) 414 414 414		
ART C - SIGNATURES AND CERTIFICATIONS		
We certify under penalty of perjury that the information nowledge and belief. I/We agree to reissue of the bonds as We hereby bind ourselves, our heirs, legatees, successors and n account of the reissue requested herein, to indemnify uncond ass which results from this request, including interest, adminis- aformation regarding this transaction, including information co-	assigns, jointly and severally litionally and promptly repay trative costs, and penalties, ntained in this application, to	y, to hold the United States harmles the United States in the event of an I/We consent to the release of an o any party having an ownership of
Sign in ink in the presence of a	an authorized certifying or s for who must sign.)	fficer.
Sugar, Lane now by marriage		
Susan Kane monthly marriage Susan adam	nec is	ignature)
(Title)		(Title)
174 MULBERRY LN		
(Number and Street or Rural Route)	(Number and	Street of Rural Route)
P. D. C. W. 1 15853		
(City) (State) (ZIP)	(City)	(State) (ZIP)
222-33-4444		
(Social Security Number)	(Social S	Security Number)
	(Ea	vail Address)
(Ermail Address)	(Eii	mi (Auditor)
(555) 777-8888		TO STORY OF THE STORY
(Daytime Telephone Number)	ion must be completed.	Telephone Number
I CERTIFY that SUSAN ADAMS	I CERTIFY that	To a second and
whose identity is known or was proven to me, personally		or was proven to me, personally
appeared before me this day of	appeared before me this	day of(Month)
(Month)	21	100
Year) (State)	(Year) (City)	(State)
and signed this form.	and signed this form.	
and subtrees wine leaves.		
Marin Witchelf (Signature of ceretifing officer)	-	(Signature of cortifying officer)
(OFFICIAL STAMP (Signature of certifying officer)	(OFFICIAL STAMP	(Signature of certifying officer)
OR SEAL) Manager	OR SEAL)	(Title of certifying officer)
(Tilligall cartifying officer)		( inte or carmying circos)
123 MAIN ST		(Address)

# Sample PD F 4000 E (Page 3 of 6)

Reserved for Ide	entification Notations	
Customer Account Number 9247351 3/78	Customer Account Number and Date Established:	
Identified by:	Identified by:	
Documents - Descriptions:	Documents - Descriptions: _	
INSTRUCTIONS TO	CERTIFYING OFFICER	
ach person appearing before you must establish identification niess he or she is personally known to you. You must a cotations in Part C or on a separate record, showing exactly ufficiently detailed to permit, at a later date, a determination ficer or employee of an organization, the organization will be he signatures to the request must be executed in your pre-	tion by positive and reliable evid place an adequate notation in the how identification was establishe in of the exact identification actual sheld fully responsible for the adeq	e area reserved for identification.  d. A notation is adequate if it if it used. You and, if you are a quacy of the identification.
our use for each signature you witness.		
you are an employee (rather than an officer) authorized to pace provided for the title. Insert the place and date, as requ	o certify signatures, insert the wor ired on the form, and impress the	ros "Authorized Signature" in the seal of your organization.
FOR FEDERAL RE	SERVE BANK USE ONLY	
This transaction was a reportable event.		
5 was reported under	10 10 11	for(Year)
	(Social Security Number)	(Year)
AX LIABILITY: If the name of a living owner or principal or principal coowner must include the interest earned and previous rederal income tax return for the year of the ressue. (Both register: "8.") The principal coowner is the coowner who ("sis a gift, inheritance, or legacy, or as a result of judicial proceed as received no contribution in money or money's worth for designer, the interest earned on the bonds to the date of the reiss despive Bank or Branch or the Bureau of the Public Debt DeLIGATION TO REPORT THE INTEREST CANNOT BE RANSACTION. If you have any questions concerning the lax of the principal concerning the pri	sly unreported on the bonds to the distrants are considered to be coowned by purchased the bonds with his or hidings, and had them reissued in oxignating the other coowner on the big will be reported to the Internal Runder the Tax Equity and Fiscal TRANSFERRED TO SOMEONE Consequences, consult the IRS, or we	late of the transaction on his or it is when bonds are registered in the ownership form, provided he or so onds. If the reissue is a reportal evenue Service (IRS) by a Fede Responsibility Act of 1982. The ELSE, THROUGH A REISSI rule to the Commissioner of Inten-
Revenue, Washington, DC 20224. Unless we are otherwise coowner for the purpose of this transaction.	nformed, the first-named coowne	r will be considered the princip
	3	PD F 40

### Sample **PD F 4000 E** (Page 4 of 6)

#### INSTRUCTIONS

USE OF FORM — Complete this form to reissue paper (definitive) Series EE, E, HH, H, and I United States Savings Bonds, Retirement Plan Bonds, and Individual Retirement Bonds. A separate Part A must be used for each new form of registration. If more space is needed for any item, use a plain sheet of paper or make photocopies, as necessary, and attach to the form. To request payment, sign the backs of the bonds instead of completing this form.

INCOMPETENT OR MINOR - A minor of sufficient age and competency to sign the request and to understand the nature of the transaction may request reissue of the bonds. A minor under legal guardianship may not request reissue. An incompetent owner, coowner or beneficiary may not request reissue.

### PART A - NEW BOND REGISTRATION

- 1. Describe the bonds to be reissued.
- 2. Mark the box "In full" if the person listed in Item 3 is to receive the entire value of the bond(s) described in Item 1; or if the person listed in Item 3 is not to receive the entire value, mark the second box and provide the appropriate amount, fractional share, or nercentage he/she is to receive.
- 3. Provide the following information:
- The appropriate taxpayer identification number (social security number or employer identification number).

If the new bonds are to be inscribed in the name of	Provide this
One person as owner, with or without a beneficiary	The social security number of the owner
Two persons as coowners	The social security number of the first-named coowner
A guardian, custodian, or similar representative of the estate of a minor, incompetent, or other ward	The social security number of the minor, incompetent, or other ward
Other fiduciary registration (trustee, administrator of decedent's estate, etc.)	The social security number of the grantor of the trust or decedent or an employer identification number assigned to the fiduciary estate.

- b. The new registration.
- c. Mailing information. This address will be shown on the new bonds, unless alternate delivery instructions are provided in Item 4.
- d. To add a coowner or beneficiary, mark the appropriate box and insert his/her name. If a name is shown and no box is marked, coownership will be assumed.
- To have the bonds mailed to an address other than the address shown in Item 3, provide the name and address of the person or institution receiving them. This address will be shown on the new bonds.

#### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulators (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities; agents and contractions who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts, agencies for investigations or prosecutions, courts, counsel, and others for itigation and other proceedings, a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26105-1326, DO NOT SEND completed form to the above address; send to correct address shown in "Where to send" in the instructions.

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# Sample **PD F 4000 E** (Page 5 of 6)

# PART B - REASON FOR REISSUE

Describe the reason for the reissue. The chart below shows common reasons for reissue. These may not be authorized for all Series. Complete guidelines for authorized reissue transactions may be found in the regulations, in the following Department Circulars: DC 530 (Series E/H), DC 3-80 (Series EE/HH), DC 2-98 (Series I), DC 1-75 (IRB), and DC 1-63 (RPB).

Bonds may be reissued to	The form must be signed by	Additional Information
Add a new coowner or beneficiary to a bond in sole owner registration.	The owner.	The original owner must be the first-named coowner.
Change the present beneficiary to	The owner.	The beneficiary may only be shown as second- named coowner.
Remove the name of a living peneticiary.	The owner (and the beneficiary if Series E or Series H bonds).	The owner may add a different person as coowner or beneficiary.
Remove the name(s) of any deceased registrant(s).	The surviving registrant.	The surviving registrant must be shown as the owner or first-named coowner in the registration of the new bonds. If more than one registration is requested, a separate Part A must be completed for each different registration. Submit certified popies of the death certificates for all deceased registrants except beneficiaries on Series EE, HH, or I bonds.
Show that a change of name occurred.	The person whose name has changed.	Explain exactly how the change of name was authorized (marriage, divorce, court order, naturalization, etc.). Evidence may be required.
Correct an error in registration.	The purchaser.  If the purchaser and the person whose funds were used to purchase the bonds are different persons, both must sign.	Provide the answers to the questions shown,
Substitute the name of the fiduciary who has succeeded the fiduciary named in the registration of the bonds.	The successor in his/her fiduciary capacity.	Submit proof of the succession to the position, such as a certified copy of the letters of appointment or, in the case of a trustee, a copy of the trust instrument and proof of the death or resignation of the original trustee.
Show the name of the executor or administrator of a deceased owner's estate.	The fiduciary in his/her fiduciary capacity.	Submit a certified copy of the letters of appointment, dated within one year of submission and certified copies of the death certificates for all deceased registrants.
Show the name of the guardian, conservator, or similar representative of the estate of a minor or incompetent owner.	The fiduciary in his/her fiduciary capacity.	Submit a certified copy of the letters of appointment, dated within one year of submission.
Change ownership due to divorce, legal separation, or annulment:	The owner or both coowners (or their representatives).  For bonds in coownership form, a request solely to eliminate the name of one coowner may be signed by that coowner only.  For Series E or H bonds, the current beneficiary must consent to the reissue if his/her name is also being removed.	See the Tax Liability statement on this form. The name of another person may be added as coowner or beneficiary.
Remove a living owner/coowner and reissue in a form authorized under the regulations.	The owner/coowner being removed.  For Series E or H bonds, the current beneficiary must consent to the reissue if his/her name is also being removed.	Remaining registrant must be named first in the registration.

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### Sample PD F 4000 E (Page 6 of 6)

### PART C - SIGNATURES AND CERTIFICATIONS

SIGNATURES - Sign the form in ink, in the presence of an authorized certifying officer. The form must be signed as indicated in Part B of the instructions. If the request is on behalf of a corporate fiduciary, the name of the corporation must be given, followed by the signature and title of an authorized officer. If there are two or more fiduciaries, all must join in the request unless by express statute, decree of court, or the terms of the instrument under which the fiduciaries are acting, one or more of them may properly execute the request.

If an owner/coowner's name has been changed by marriage, divorce, court order, naturalization, or otherwise, he/she must sign the form as follows: " (PRESENT LEGAL NAME) " changed by (specify manner in which change occurred) from " (NAME AS ON BONDS)." To support a change of name, other than by marriage, a complete statement should follow the signature to show exactly how the change of name was authorized. Evidence may be required.

CERTIFICATION – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. If a minor owner or coowner signs the request, the officer must be satisfied that the minor is of sufficient competency to understand the nature of the transaction. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions.

### ADDITIONAL REQUIREMENTS FOR SERIES HH/H BONDS:

- Under the Interest Dividend Tax Compliance Act of 1983 as implemented by Internal Revenue Service regulations,
  the new owner or first-named coowner must complete IRS Form W-9 to certify that the social security number
  furnished is correct, to indicate whether or not he/she is subject to backup withholding under the provision of Section
  3406(a)(1)(C) of the Internal Revenue Code, and to verify that he/she is a United States person (including a U.S.
  resident alien). Forms W-9 are available at financial institutions in the United States and Internal Revenue Offices.
  These forms can also be found on the IRS website at the address <a href="https://www.irs.gov">www.irs.gov</a>.
- The furnishing of Direct Deposit information is a condition of reissue of Series HH bonds bearing issue dates of October 1989 and thereafter. A Direct Deposit form, PD F 5396 or SF 1199A, must be completed for Series HH bonds dated October 1989 and thereafter which are submitted for reissue. The Direct Deposit form must be completed by the new owner or coowner providing the appropriate information for direct deposit of the semi-annual interest payments. Forms SF 1199A are available at financial institutions in the United States. PD F 5396 is available for download on the Internet using the "forms" link at the address www.treasurydirect.gov. The financial institution designated to receive the payment can assist in the completion of the Direct Deposit form.

ADDITIONAL EVIDENCE - The Commissioner of the Public Debt, as designed of the Secretary of the Treasury, reserves the right, in any particular case, to require the submission of additional evidence.

RETURN OF EVIDENCE - If the evidence submitted with this form is to be returned, provide a written request when the evidence is submitted.

WHERE TO SEND – Unless otherwise instructed, the PD F 4000 and the bonds, as well as any other appropriate forms and evidence, must be sent to one of the Treasury Retail Securities Sites shown below:

Treasury Retail Securities Site PO Box 299 Pittsburgh, PA 15230-0299 1-800-245-2804 Treasury Retail Securities Site PO Box 214 Minneapolis, MN 55480-0214 1-800-553-2663

# Sample PD F 5257 E

PD F 5257 Department of Bureau of the P Revised Janua	Public Debt  Iny 2006) CHANGE OF ADDRES  COMPLETE THIS FORM TO REPO  PLACE THE FORM IN AN ENVELOPE AND	S NOTIFICATION FOR HI RT A CHANGE OF ADDRESS FOR A MAIL IT TO THE TREASURY RETAIL S IEVERSE SIDE FOR ADDRESSES,	SERIES HH/H ACCOUNT	You
NAME	SAMUEL	MIDDLE INITIAL	SA	A ITH
OLD ADDRESS	STREET NUMBER STREET NAME	SUNNY	C.A.	92345
NEW ADDRESS	STREET NUMBER, STREET NAME  234 SECOND AVE	SUNNY	CA	72345
TELEPHONE NUMBER	ADEA FORCE TELEPHONE NUMBER SOCIAL SE	123-45-6789		
E-MAIL ADDRESS		123-4	15-6789	
SIGN YOUR NAME HERE	Samuel L Smit	th		
	E-mail	on the Web at www.treasurydire us at SavBond1@bpd.treas.gov to Taxpayer Identification and Privacy A		

WHERE TO SEND - PD F 5257 should be sent to one of the Treasury Retail Securities Sites shown below:

Treasury Retail Securities Site

PO Box 299

Pittsburgh, PA 15230-0299 1-800-245-2804

Treasury Retail Securities Site

PO Box 214

Minneapolis, MN 55480-0214

1-800-553-2663

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident alien).

(Instructions - You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

NOTE: The furnishing of social security numbers is required by the governing regulations, i.e., Dept. Cir., No. 530, Cur. Revision, Public Debt Series No. 3-80. The numbers are used to maintain ownership records of the securities/bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority, and/or entitlement of the signers. Failure to furnish any of the requested information may prevent completion of the transaction.

# Sample **PD F 5263** (Page 1 of 2)

<b>A</b>									
PD F 5263 Department of Bureau of the (Revised July 2	Public Debt 2001)		U.S. 9	R FOR S SAVINGS	BC	OND	S		OMB No. 1535-008 Previous Editions Usabl
					TTERS.	SCANN	ABLE	FORM -	– DO NOT WRITE OUTSIDE BOXES.
	ME OF OWNER OF								
Name D	AVID	MILL	_1 A	M 5					
Social Sec	curity Number	123-1	15 -	6789					
. NAME OF	PERSON TO REC	CEIVE BONDS //	OTHER 1	THAN THE OWN	VER O	R FIRS	T-NA	MED C	COOWNER ABOVE
Mail to:									
. ADDRESS	WHERE BONDS	ARE TO BE MA	ILED						
	G V 1 L L		OFFICE BOX)	EET					SC (2345 STATE) (ZIP CODE)
. COOWNER	R OR BENEFICIAL	RY (Optional) T	he followi	ng person is to	be na	med as		¬ `	owner beneficiary:
Name									
	ship will be assur	ned if neither or	both bloc	ks are checked	1.)				
Denom.	Quantity	Issue Price		Total Iss	cuo Pri	00			FOR AGENT USE ONLY
5 50	danning		= \$	1 Otal 153	Sue FII	ce	0	0	FOR AGENT USE ONLY
75		X \$ 25.00 X \$ 37.50		,			0	U	
100		X \$ 50.00		,			0	0	
200	1	X \$ 100.00		,	0	0.	0	0	
500		X \$ 250.00		, (	0	0 .	0	0	
1,000		X \$ 500.00		,			0	0	
5,000		X \$ 2,500.00		,			0	0	
10,000		X \$ 5,000.00	= \$				0	0	
TOTAL ISSU	E PRICE OF PUR		\$	. 1	0	0.			AFFIXED AGENT STAMP CERTIFIES THAT TOTAL AMOUNT OF PURCHASE IS CORRECT
DATE PUR	CHASE ORDER A	AND PAYMENT	PRESENTI	ED TO AGENT			/ (MC	/	/3 03 (DAY) (YR.)
DUDO! WATER	/	willians						PROV	OU NEED A GIFT CERTIFICATE, PLEASE THE PERSON ACCEPTING THIS FORM TO VIDE ONE TO YOU.
PURCHASER	'S NAME, IF OTHER TH	HAN OWNER OR FIR	ST-NAMED C	OOWNER (Please	print)			(800	DAYTIME TELEPHONE NUMBER

### INSTRUCTIONS FOR COMPLETING THE PURCHASE ORDER 1. FULL NAME OF OWNER OR FIRST-NAMED COOWNER. Clearly PRINT in capital letters the full name and social security account number of the owner or first-named coowner. Initials should not be provided for both first and middle names unless they are the owner's legal given name. A social security account number must be provided. If this is a gift bond purchase, use the owner's name and social security account number if available. If the owner's social security account number is unavailable, use the purchaser's number; use of the purchaser's number does not confer rights to the band or require interest reporting. See example below SMITH JOHN T Name 4 5 - 6 7 8 9 1 2 3 Social Security Number Only citizens of the United States, its territories and possessions, resident aliens, and norresident aliens who are civilian employees of the United States or members of its armed forces may be named as owner or first-named coowner on Series EE savings bonds. Bonds may be registered as follows: (a) Individuals in their own right - The bonds may be issued in the names of individuals (whether adults or minors) in single ownership, coownership, or beneficiary (POD) forms of registration. (b) Others - Bonds are also available in other forms of registration. Trust forms of registration must be submitted on Form PD F 5263-1 2. NAME OF PERSON TO RECEIVE BONDS IF OTHER THAN OWNER OR FIRST-NAMED COOWNER ABOVE. After "Mail to:" print the name to whom the bonds are to be mailed if different from the owner or first-named coowner shown in 1 above. If the same as in 1 above, leave blank, NOTE: This information will appear on the bond, but does not establish any ownership rights. 3. ADDRESS WHERE BONDS ARE TO BE MAILED. In all cases, print the address where the bonds are to be mailed. NOTE: This information will appear on the bond. COOWNER OR BENEFICIARY (Optional). If you wish to name a coowner or beneficiary on the bonds, check the appropriate box to indicate the form of registration desired and print the person's full name. Coownership will be assumed if neither or both boxes are checked. If you name a coowner: The bonds may be cashed by either coowner. The name of a living coowner cannot be eliminated without the written consent of that coowner If you name a beneficiary: The bonds may not be cashed by the beneficiary during the lifetime of the owner. The name of a beneficiary can be eliminated without the beneficiary's consent BONDS ORDERED. Indicate next to the appropriate denomination the number of bonds being purchased; the total price involved for each denomination (no. of bonds X issue price); and the total amount of purchase. If you fail to indicate the denomination preferred, the fewest number of bonds which equal the total amount of purchase will be issued. DATE PURCHASE ORDER AND PAYMENT PRESENTED TO AGENT. Indicate the date on which the purchase order and payment is presented (received) and accepted by the bank or other financial institution authorized to act as an agent of the Treasury Department. 7. SIGNATURE. Please sign this purchase order. Print your name and address if they don't appear in the registration of the bonds as shown in Sections 1 and 3. In order to promotly resolve any problems connected with this purchase order, also provide a telephone number where you ordinarily may be reached Monday through Friday, from 9 a.m. to 5 p.m. NOTE: Upon completion, submit purchase order and total amount of purchase to a financial institution authorized to sell U.S. Savings Bonds. ALLOW ABOUT THREE WEEKS FOR PROCESSING. NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS tre politician of the information you are requested to previde on this form, including the furnishing of a social security number, is sufficienced by 31 U.S.C. Ch. 31 relating to the aublic debt of the United States. The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments and identify owners. Furnishing the information is voluntary, however, without the information Public Debt may be unable to process transactions. Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 GFR, Part 323) and the Privacy Act. This information may be displaced to a law enforcement agency for investigation purposes, courts and counsel for illigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt, agencies for artificial for including the addresses for payment; agents and contractors to administer the public debt, agencies for artificial for account property and addresses for payment; agents and contractors to administer the public debt, agencies for artificial for account property and administer that the property and applications are contractors. rough approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains, as otherwise authorized by la-

We estimate it will take you about 05 minutes to complete this form. However, you are not required to provide information required unless a valid OMB central number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Burnau of the Public Debt. Forms Management Officer, Parkersburg, WV 26105-1328. DO NOT SEND completed form to the above address; instead, send to a financial institution authorized to sell U.S. Savings Bonds.

# Sample **PD F 5263-1** (Page 1 of 2)

(Revised Noveml	blic Debt	ORDER FO														Ol	MB N	lo. 15	35-00
FIDUCIADY	DECICEDATION	PLEASE FOLLOW																	
I. FIDUCIARY F Federal Rese	erve Bank.)	(Due to space i	restrict	ions	on sav	ings b	onds,	infor	matio	on pr	intec	belo	w m	ay b	e ab	bre	viate	d by	the
Name Hun	YTER	G B1	RA	CE	Ξ	OR		DR	E	A	MI	9	B	R	A	C	E		
CO	-TR	u/D/T	DT	D	5	- 1	5	- 0	2										
Social Security Number	123	-45-	67	89	ì	(	OR		xpay				_						
2. NAME OF PE	ERSON TO REC	EIVE BONDS IF	OTHE	R TH	AN FIL	DUCIA	RY AE	BOVE											
Mail to:  B. ADDRESS W																			
	RKER. FOWN)			(BOX)							,	V V			6 (ZIF			6	
		f neither or botl	h block	s are	check	red.)													
		f neither or both	h block	s are		otal Iss	sue Pr	ice					FC	)R A	GEN	TU	SE (	ONLY	(
Denom.	ERED		h block	s are			sue Pr	ice					FC	)R A	GEN	TU	SE (	ONLY	1
Denom. \$ 50	ERED	Issue Price		s are			sue Pr	ice					FC	)R A	GEN	TU	SE (	ONLY	1
Denom. \$ 50 \$ 75	ERED	Issue Price X \$ 25.00	= \$ = \$	s are			sue Pr	ice					FC	)R A	GEN	TU	SE (	DNLY	1
Denom. 50 \$ 50 \$ 75	ERED	Issue Price  X \$ 25.00  X \$ 37.50	= \$ = \$	s are			sue Pr	ice					FC	)R A	GEN	T U	SE (	DNLY	(
Denom. \$ 50 \$ 75 \$ 100 \$ 200	ERED	Issue Price   X \$ 25.00   X \$ 37.50   X \$ 50.00	= \$ = \$ = \$ = \$	s are			sue Pr	ice					FC	DR A	GEN	T U	SE (	DNLY	(
. BONDS ORD Denom. \$ 50 \$ 75 \$ 100 \$ 200 \$ 500 \$ 1,000	Quantity	Issue Price   X \$ 25.00   X \$ 37.50   X \$ 50.00   X \$ 100.00   X \$ 250.00   X \$ 500.00   X \$ 5	= \$\$ = \$\$ = \$\$ = \$\$ = \$\$	s are	1	otal Iss							FC	DR A	GEN	TU	SE (	DNLY	(
5. BONDS ORD Denom. \$ 50 \$ 75 \$ 100 \$ 200 \$ 500 \$ 5,000	Quantity 2	Issue Price   X \$ 25.00   X \$ 37.50   X \$ 50.00   X \$ 250.00   X \$ 250.00   X \$ 2,500.00   X \$ 2,500.00	= \$\$ = \$\$ = \$\$ = \$\$ = \$\$ = \$\$	s are	5	otal Iss	0	0					FC	DR A	GEN	T U	SEC	DNLY	′
5. BONDS ORD Denom.  \$ 50 \$ 75 \$ 100 \$ 200 \$ 500 \$ 1,000 \$ 10,000	Quantity  2 2	Issue Price   X \$ 25.00   X \$ 37.50   X \$ 50.00   X \$ 250.00   X \$ 500.00   X \$ 2,500.00   X \$ 5,000.00	= \$ = \$ = \$ = \$ = \$ = \$	l .	5 0	otal Iss	0	0				AFF							
5. BONDS ORD Denom.  \$ 50 \$ 75 \$ 100 \$ 200 \$ 500 \$ 1,000 \$ 10,000	Quantity 2	Issue Price   X \$ 25.00   X \$ 37.50   X \$ 50.00   X \$ 250.00   X \$ 500.00   X \$ 2,500.00   X \$ 5,000.00	= \$\$ = \$\$ = \$\$ = \$\$ = \$\$ = \$\$	l L	5	otal Iss	0	0				AFF			GEN NT ST				
5. BONDS ORD Denom.  \$ 50 \$ 75 \$ 100 \$ 200 \$ 500 \$ 1,000 \$ 10,000  TOTAL ISSUE	Quantity  2 2 PRICE OF PUR	Issue Price   X \$ 25.00   X \$ 37.50   X \$ 50.00   X \$ 100.00   X \$ 250.00   X \$ 2,500.00   X \$ 5,000.00   CHASE	= = = = = = = = = = = = = = = = = = =	1	505	otal Iss	0	0		) 6 Mo.)		AFFTOTA	SIXED AMO		NT ST				
5. BONDS ORD Denom.  \$ 50 \$ 75 \$ 100 \$ 200 \$ 500 \$ 1,000 \$ 10,000 TOTAL ISSUE	Quantity  2 2 PRICE OF PUR	Issue Price   X \$ 25.00   X \$ 37.50   X \$ 50.00   X \$ 100.00   X \$ 250.00   X \$ 2,500.00   X \$ 5,000.00   CHASE	= = = = = = = = = = = = = = = = = = =	1	505	otal Iss	0	0			(	ZO(DAY)	SIXED L AMO	AGEE OUNT	NT ST	AMP	CER	TIFIESE	
5. BONDS ORD Denom. \$ 50 \$ 75 \$ 100 \$ 200 \$ 500 \$ 1,000 \$ 10,000  TOTAL ISSUE  5. DATE PURCI	Quantity  2 2 PRICE OF PUR	Issue Price   X \$ 25.00   X \$ 37.50   X \$ 50.00   X \$ 100.00   X \$ 250.00   X \$ 5,000.00   X \$ 5,000.00   CHASE	= \$ = \$ \$ = = \$ \$ PRESE	l L	5 0 5	orotal Iss	0 0 0	0			(	20	SIXED L AMO	AGEE OUNT	NT ST	AMP	CER	TIFIESE	

### INSTRUCTIONS FOR COMPLETING THE PURCHASE ORDER

FIDUCIARY REGISTRATION. Clearly PRINT in block letters the name and title or capacity of the fiduciary (including legal
guardians and similar representatives, certain custodians, and trustees) followed by an appropriate reference to the
estate or the authority governing the trust. Show the social security account number of the ward or the taxpayer identifying number
assigned to the trust. A social security account or taxpayer number must be provided.

Examples Of Authorized Registrations	Abbreviations To Be Used On Purchase Order
Tenth National Bank guardian (or conservator, etc.) of the estate of George N. Brown, a minor (or incompetent, aged person, etc.).	Tenth Natl Bk gdn (or cons) est George N Brown an incomp (or aged pers, etc.)
Tenth National Bank, trustee under agreement with Paul E. White, dated 2/1/80.	Tenth Natl 8k Tr U/A Paul E White dtd 2-1-80
Carl A. Black and Henry B. Green, co-trustees under agreement with Paul E. White, dated 2/1/80.	Carl A Black & Henry B Green Co-Tr U/A Paul E White dtd 2-1-80
Paul E. White, trustee under declaration of trust dated 2/1/80.	Paul E White Tr U/D/T dtd 2-1-80

For complete information as to authorized forms of registration and restrictions, see Department Circular, Public Debt Series No. 3-80.

- NAME OF PERSONS TO RECEIVE BONDS IF OTHER THAN FIDUCIARY ABOVE. After "Mail to:" print the name to whom the bonds are to be mailed.
- 3. ADDRESS WHERE BONDS ARE TO BE MAILED. In all cases, print the address where the bonds are to be mailed.
- 4. COOWNER OR BENEFICIARY. You may not include a coowner or beneficiary on bonds issued in a trust form of registration. You may, however, include a coowner or beneficiary on bonds that name as owner a minor or incompetent person who is under legal guardianship, but only if the funds used to purchase the bonds do not belong to the minor or incompetent.

If you wish to name a coowner or beneficiary, check the appropriate box and print the person's name.

If you name a coowner: The bonds may be cashed by the coowner or by the guardian (or conservator, etc.) of the estate of the minor or incompetent.

If you name a beneficiary: The bonds may not be cashed by the beneficiary during the lifetime of the owner.

- BONDS ORDERED. Indicate next to the appropriate denomination the number of bonds being purchased; the total price involved for each denomination (no. of bonds X issue price); and the total amount of purchase. If you fail to indicate the denomination preferred, the fewest number of bonds which equal the total amount of purchase will be issued.
- DATE PURCHASE ORDER AND PAYMENT PRESENTED TO AGENT. Indicate the date on which the purchase order and
  payment is presented (received) and accepted by the bank or other financial institution authorized to act as an agent of
  the Treasury Department.
- 7. SIGNATURE. Please sign this purchase order. Print your name and address if they don't appear in the registration of the bonds as shown in Sections 1 and 3. In order to promptly resolve any problems connected with this purchase order, also provide a telephone number where you ordinarily may be reached Monday through Friday, from 9 a.m. to 5 p.m.

NOTE: Upon completion, submit purchase order and total amount of purchase to a financial institution authorized to sell U.S. Savings Bonds. ALLOW ABOUT THREE WEEKS FOR PROCESSING.

#### NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 5 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1238. DO NOT SEND completed form to the above address; instead, send to a financial institution authorized to sell U.S. Savings Bonds.

# Sample **PD F 5336 E** (Page 1 of 7)

For official use only: Customer Name		Customer No.	
PD F 5336 E Department of the Treasury Bureau of the Public Debt (Revised February 2007)		ITIES BELONGING TO A DECEDENT'S OMB No. 1 WITHOUT ADMINISTRATION	
IMPORTANT: Follow Instru statement to the United Sta	uctions in filling out this form. You should be stes is a crime that is punishable by fine and/or PRINT IN INK OR TYPE	Visit us on the Web at www.treasury aware that the making of any false, fictitious, or fraudulen imprisonment. ALL INFORMATION	
United States Treasury S instructions for the definition	Securities and/or related payments belonging on of a voluntary representative. If the deced the as of the date of death, Treasury regulati	ntary representative must use this form to request disp to a decedent's estate that is not being administered ent's securities and/or related payments are worth over ions require that the estate be administered through the	See the \$100,000
<ul> <li>and any necessary evident</li> <li>Definitive (paper)</li> <li>All marketable se</li> </ul>	ice to: Department of the Treasury, Bureau of savings bonds — PO Box 7012, Parkersburg scurities and electronic savings bonds — PO B savings bonds and marketable or electronic	ox 426, Parkersburg, WV 26106-0426 savings bonds – PO Box 426, Parkersburg, WV 26106-0	
	Carefully read the instructions b	efore completing this form.	
PART A - ESTATE INFO		and and the second second second second	
	ETH WESTON me of Deceased Owner - If more than one person r	eath certificates for all deceased registrants.  named on the securities, the person who died last)	2
	2—34—5619 acedent's Social Security Number)	CA- (Jurisdiction of Legal Residence)	
not be settled in accorda Muniment of Title, Louisian	ance with the law of the decedent's domicil na Judgment of Possession, etc.).	and will not be appointed through the court and that the ele (such as Summary Administration, Small Estates A stead, send the securities and all evidence and/or docur	ct, Texas
concerning the estate to the	he address shown in "WHERE TO SEND" abo	ove.	nentation
PART B - PERSON QUA	LIFIED TO ACT AS VOLUNTARY REPRESE	ENTATIVE	
Title 31, Code of Federal I years of age or older and t instructions before complete	be eligible according to the Order of Precede	fied to act as voluntary representative, a person must be nce for Voluntary Representative shown below. Carefull	eighteen read the
Mark the box that represe	ents your eligibility to act as voluntary rep	presentative.	_
	Order of Precedence for Vo	luntary Representative	
I am the survivi	ing spouse		
l am a child of t	the decedent and there is no surviving spo	ouse	
lam a descend	dant of a deceased child of the decedent ar	nd there are none of the above	
☐ I am a parent of	f the decedent and there are none of the a	bove	
☐ I am a brother o	or sister of the decedent and there are non	ne of the above	
l am a descend	lant of a deceased brother or sister of the	decedent and there are none of the above	
	n of the decedent as determined by the law leath and there are none of the above	of the jurisdiction in which the decedent was domic	led
			D F 5336
			D 1 3330

# Sample **PD F 5336 E** (Page 2 of 7)

As voluntary representative, yo	u may requ	est one of the follow	wing (mark the appropriate bo	ox):
Payment to yourself as vol	untary repre	esentative on behal	f of all persons entitled to sha	are in the decedent's estate. (Continue to Part D.)
Distribution of securities an was domiciled at the date	d/or related of death. (S	d payments to the p skip to Part E.)	ersons entitled according to t	the law of the jurisdiction in which the decedent
PART D - PAYMENT TO VOI	UNTARY	REPRESENTATIV	E	
request that payment of the se	ecurities an	d/or related paymen	nts be made to me as volunta	ary representative.
1. Pay FRANK	WEST	ON		891-23-4567
123 4TH	LANE	(Name) S	UNNY, CA	(Social Security Number)
11111111111			(Mailing Address)	
2. Description of securities a	nd/or relat			
TITLE OF SECURITY	DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
PAPER SERIES EE BOND	6/01	1000	M729843125EE	912-34-5678
				EUZABETH WESTON
				123 4TH LN
				SUNNY CA 12345
				2-1101 01. 12312
3. Mark the box for the partic	ulas tuna a	f eacurity involves	4.	
	100.000.0	C. Carlotte S. Car		W
Book-Entry Savings Bonds ( TreasuryDirect®) (Series E,	EE and I)	ssue neia in	electronic issue held in Le	Notes, Bonds, and TIPS (paper issue or gacy Treasury Direct or TreasuryDirect)
Payment by Direct De	posit			d security on my behalf (Payment will be made by
Savings Bonds or Notes (pa	per issue o	nly)		atured definitive (paper) security by check
(Series A-D, E, EE, F, G, H, HH	i, i, J, & K))		Payment of the ma	atured Book-Entry (electronic) security held in
Payment by check Payment by Direct De	eposit		Legacy Treasury D	Direct or TreasuryDirect by Direct Deposit
	,		Payment of the ma	atured Book-Entry (electronic) security held in Direct by check
Direct Deposit funds as author	orized belo	ow:		-
		/M	ame/Names on the Account)	
		(N	A CONTRACTOR OF THE PARTY OF TH	of Account: Checking Savings
(Depo	sitor's Acc	count No.)		
Financial Institution Rout	ting No.:	1111-		
-	(Financial	Institution's Name		(Phone No.)
(If you completed Part	D to rece	ive payment as vo	oluntary representative, do	not complete Part E. Skip to Part F.)
100000000000000000000000000000000000000	2222	3,11,31,32,32	2333 A. 349 (420) (50)	
				PD F 5336

# Sample **PD F 5336 E** (Page 3 of 7)

I request that the securities a		CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	ED PAYMENTS TO PERSON EN uted as follows:	IIILED
1. Distribute to:				
1. Distribute to:		(Name)	1	(Social Security Number)
			Mallon Address)	
		1.2	(Mailing Address)	
2. Description of securities	andler selete	(Phone Num	per)	
TITLE OF SECURITY	ISSUE DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
WILE OF GEOGRAF	DATE	TAGE AMOUNT	IDENTI TINO NOMBER	REGIOTATION
	1			
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3. Extent of distribution:	In full		Amount, Fractional S	share, or Percentage
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# Sample **PD F 5336 E** (Page 4 of 7)

TANTI - GIONATON	E AND CERTIFICATION	
am eligible to act as v I am distributing the s domiciled at the date payment or distribution had paid or delivered domiciled at the date of bind myself, my heir transaction requested request, including inte	of perjury that the information provided herein is true and correct to the best of my knowledge and belief a oluntary representative. I further certify that I will distribute payment made to me as voluntary representants recurrities and/or related payments to the persons entitled by the law of the jurisdiction in which the deced of death. The United States is not liable to any person for the improper distribution of payments or securities of the securities at my request as voluntary representative, the United States is released to the same exter to a representative of the estate appointed pursuant to the law of the jurisdiction in which the deced of death. It is possible to the state appoint and severally, to hold the United States harmless on accounts, to indemnify unconditionally and promptly repay the United States in the event of any loss which results arest, administrative costs, and penalties. I consent to the release of any information regarding this structure.	dent was upon the set of the set
	You must wait until you are in the presence of a certifying officer to sign this form.	
Sign Here: ⇒ Address: E-Mail Address:	(Number and Street or Rural Route) (City) (State) (ZIP Code)	
0.00	- The individual must sign in your presence. You must complete the certification and affix your stamp or	
at SUNNY (City)	Ally appeared before me this 2.5 day of HPK (Month), 2.001 (State)  Augustian and Title of Certifying Officer)  (Signature and Title of Certifying Officer)  (Signature and Street or Rural Route)  SUNNY  (City)  (State)  (Signature and Street or Rural Route)  (City)  (State)  (Signature and Street or Rural Route)  (City)  (State)	3
31 U.S.C. Ch. 31 whi U.S.C. 6109 requires requested information holdings and transact following routine uses us manage the public matches) determining investigations or pros- behalf, and as otherna We estimate it will take unless a valid OMB. Bureau of the Public	PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE  Information on this form to assist us in processing your securities transaction requests. Our authority comes ch authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, it us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide, but without it, we may not be able to process your transaction requests. Information concerning your sections is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, is of this information may include disclosure to the following persons or entities: agents and contractors who debt, others entitled to the securities or payment, agencies (including disclosure through approved compute eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for ecutions; course, counsel, and others for litigation and other proceedings; a Congressional office asking on itse authorized by law.  The processing the processing the processing the provide information requires to the provide information requires to make it is displayed on the form. Any comments or suggestions regarding this form should be sent to Debt. Forms Management Officer, Parkersburg, WV 26108-1328. DO NOT SEND completed form to the at	the unities er, the help ter your sted to the
	address shown in the instructions.	

#### INSTRUCTIONS

USE OF FORM – A voluntary representative is a person qualified by the Department of the Treasury to request disposition of United States Treasury Securities (Treasury Bills, Notes, Bonds, TIPS, Savings Bonds and Savings Notes) and/or related payments (not exceeding \$100,000) that belong to a decedent's estate if the estate is not being administered through the court. A voluntary representative of the decedent's estate must complete this form to request:

- Payment on behalf of persons entitled to the estate according to the law of the jurisdiction in which the decedent was domiciled at the date of death, or
- Distribution of the securities to the persons entitled to the estate according to the law of the jurisdiction in which the decedent was domiciled at the date of death.

If more space is needed for any item, use a plain sheet of paper or make photocopies, as necessary, and attach to the form.

All securities belonging to the decedent's estate must be included in this transaction. If the redemption and/or par value of all securities and/or related payments owned by the decedent as of the date of death exceeds \$100,000, Treasury regulations require that the estate be administered through the court; in this event, this form may not be used.

#### PART A - ESTATE INFORMATION

Provide the requested information regarding the decedent. If more than one deceased person is named on the securities, provide the information for the person who died last. Submit certified copies of the death certificates for all deceased registrants.

Insert the following information:

- > Decedent's name
- Decedent's social security number
- Jurisdiction (state, district, or territory) of decedent's last legal residence

By signing this form you certify that the decedent's estate has not been and will not be administered through a court or settled in accordance with the law of the decedent's domicile (such as Summary Administration, Small Estates Act, Texas Muniment of Title, Louisiana Judgment of Possession, etc.). If a legal representative has been appointed by the court, if the estate has been administered and is now closed, or if you have a document establishing entitlement to the estate (other than an unprobated will), do not complete this form. Instead, send the securities and all evidence and/or documentation concerning the estate to the address shown in "WHERE TO SEND" on the last page of these instructions. Upon review of the submission, we will provide additional instructions, if necessary.

#### PART B - PERSON QUALIFIED TO ACT AS VOLUNTARY REPRESENTATIVE

Title 31, Code of Federal Regulations (CFR), provides that disposition of a decedent's estate that is not being administered through the court will be made upon the request of a person qualified to act as voluntary representative. To act as voluntary representative, you must be eighteen years of age or older and be eligible according to the Order of Precedence for Voluntary Representative.

Starting at the top, read down the Order of Precedence until you find the situation that applies to you. Mark the box that represents your eligibility to act as voluntary representative. For example, if the decedent leaves a surviving spouse and children (over the age of eighteen), the surviving spouse must complete this form. If there is no surviving spouse, one of the children (over the age of eighteen) must complete this form.

#### PART C - TYPE OF DISPOSITION

Title 31, Code of Federal Regulations (CFR), provides that a voluntary representative may request one of the following:

- > Payment to the voluntary representative on behalf of all persons entitled to share in the decedent's estate.
- Distribution of securities and/or related payments to the persons entitled according to the law of the jurisdiction in which the decedent was domiciled at the date of death.

Mark the appropriate box. If you are requesting payment, continue to Part D. If you are requesting distribution, skip Part D and continue to Part E.

INSTRUCTION PAGE

# Sample PD F 5336 E (Page 6 of 7)

#### PART D - PAYMENT TO VOLUNTARY REPRESENTATIVE

Complete this part to receive payment as voluntary representative.

A person acting as voluntary representative who receives payment of securities and/or related payments warrants, certifies, and unconditionally guarantees that he/she will make distribution of the proceeds to the persons entitled by the law of the decedent's domicile at the date of death. Payment to a voluntary representative is for the convenience of the United States and does not determine ownership of the securities or their proceeds.

1. Provide your name, social security number, and mailing address.

Note: Your social security number may be used to report all of the interest earned to the Internal Revenue Service for Federal income tax purposes. For Federal income tax information, see IRS Publication 550 or contact the IRS or your tax advisor.

- Describe the securities and/or checks:
   TITLE OF SECURITY Identify each security by series, interest rate, type, CUSIP, and call and maturity date, as appropriate. If describing a check, insert the word "check."
  - > ISSUE DATE Provide the issue date of each security or check.
  - FACE AMOUNT Provide the face amount (par or denomination) of each security or check.
  - > IDENTIFYING NUMBER (if applicable) Provide the serial number of each security, the confirmation number, or the

REGISTRATION – Provide the registration of each security, check, or account, also provide the account number, if any. Note: If the taxpayer identification number is included in the registration but is masked (i.e. \*\*\*-\*-1234), please be sure to provide the entire number.

EX.		

TITLE OF SECURITY	DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
Paper Marketable Security 9 1/8 % TREASURY BOND OF 2004-2009 MATURES 5/15/09 CUSIP 912810CG1	5/15/79	\$5,000	Serial # 123	JOHN DOE AND JANE DOE SSN 222-22-2222
Electronic Marketable Security CUSIP 912795QW4	2/5/04	\$1,000		ACCT # 4800-123-1234 JOHN DOE SSN 222-22-2222
Electronic Series I Savings Bond SERIES I	1/1/02	\$100	Confirmation # IAAAB	ACCT # N-111-11-1111 JOHN DOE
Paper Series EE Savings Bond SERIES EE	7/99	\$100	Serial # C-123,456,789-EE	SSN 222-22-2222 JOHN DOE OR JANE DOE
Check CHECK	7/26/04	\$351.02	Check # 502123456	JOHN DOE

what to provide in each of the areas, furnish all identifying information in the space for REGISTRATION.

3. Mark the appropriate box indicating the method of payment for the particular type of security involved. Note: If securities are held in a TreasuryDirect account, payment must be made by Direct Deposit. Payment for matured electronic securities held in a Legacy Treasury Direct account may be made by check or Direct Deposit. The only payment option for matured definitive (paper) marketable securities is by check.

For payment by Direct Deposit, furnish the name(s) on the account, the account number, the type of account, and the financial institution's name, the routing/transit number that identifies the institution, and the institution's phone number. You may need to contact the financial institution to obtain the routing number.

(If you completed Part D to receive payment as voluntary representative, do not complete Part E. Skip to Part F.)

INSTRUCTION PAGE

# Sample PD F 5336 E (Page 7 of 7)

### PART E - DISTRIBUTION OF SECURITIES AND/OR RELATED PAYMENTS TO PERSON ENTITLED

Complete this part to distribute the securities and/or related payments to the persons entitled.

A person acting as voluntary representative who distributes securities and/or related payments warrants, certifies, and unconditionally guarantees that he/she is making distribution to the persons entitled by the law of the decedent's domicile at the date of death

- Enter the name, social security number, address, and phone number of only one distributee in each Part E, Item 1. (A separate Part E must be completed for each distributee.)
- 2. Describe only the securities and/or checks that the person shown in Item 1 is to receive, in whole or in part. See Item 2 in Part D for information on how to describe securities and/or checks.
- Mark the box "In full" if the person listed in Item 1 is to receive the entire value of the securities and/or checks
  described in Item 2; or if the person listed in Item 1 is not to receive the entire value, mark the second box and provide the appropriate amount, fractional share, or percentage he/she is to receive.

In most cases, we will need additional forms and/or information from the distributee. If so, we may contact the distributee directly. If the transaction can be processed without additional forms or information from the distributee, we will send the securities and/or payments directly to the distributee.

- Note: If the distributee wants payment of eligible paper:

  > Savings bonds or notes, he/she must complete the request on the reverse of the bond.

  > Marketable securities, the voluntary representative must complete the assignment on the reverse of the security and the distributee must complete IRS Form W-9.

Any interest that is or becomes due on securities belonging to the estate of the decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.

#### PART F - SIGNATURES AND CERTIFICATIONS

SIGNATURES - The application must be signed in ink.

CERTIFICATION – You must appear before and establish identification to the satisfaction of an authorized certifying officer. The form must be signed in the officer's presence. The certifying officer must affix the seal or stamp that is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions

ADDITIONAL REQUIREMENTS – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence and/or the formal administration of the estate.

RETURN OF EVIDENCE - If you want the evidence submitted with this form returned to you, please provide a written request when you submit the form and evidence.

WHERE TO SEND – Unless otherwise instructed in accompanying correspondence, send this form, all securities and/or related checks, and any necessary evidence to: Department of the Treasury, Bureau of the Public Debt, using the

- Definitive (paper) savings bonds —PO Box 7012, Parkersburg, WV 26106-7012
   All marketable securities and electronic savings bonds —PO Box 426, Parkersburg, WV 26106-0426
   Definitive (paper) savings bonds and marketable or electronic savings bonds —PO Box 426, Parkersburg, WV 26106-0426

Note: You must use only one form and describe all of the securities.

INSTRUCTION PAGE

	The second secon			A section of the sect		11 21 2	e at www.TreasuryDirect.gov FORM — DO NOT WRITE OUT	Previous Editions Usable
1. FULL NAME	OF OWNER OF	FIRST-NAMED	COOWNE					
Name A	JOREY	E BRO	WN					
Social Secu	rity Number	23 -4	5-	6789				
2. NAME OF P	ERSON TO REC	EIVE BONDS IF	OTHER T	HAN THE OWN	ER OF	R FIRST-NA	MED COOWNER ABOV	E
Mail to:								
35.5	WHERE BONDS	ARE TO BE MAI	LED		-			
321								
		ROUTE, OR POST O	FFICE BOX)					
SUN							CA 91	234
(CITY OR TO		RY (Optional) Ti	he followin	g person is to	he nai	med as S		eficiary:
		and the same		30000		Z	Z	
		RBR						-
5. BONDS OR		ned if neither or	both bloc	ks are checked.	)			
Denom.	Quantity	Issue Price		Total Issue P	rice		FOR AGENT	USE ONLY
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	HASE ORDER	AND PAYMENT F	PRESENTE	D TO AGENT		D <sub>(M</sub>	6 0 Z 0 T	/
S. DATE PURC							IF YOU NEED A GIFT	CERTIFICATE, PLEASE
7. SIGNATURE	rey Br	nun					PROVIDE ONE TO YOU.	EPTING THIS FORM TO
7. SIGNATURE							(111 )222-33	
	SIGNATURE	HAN OWNER OR FIR	ST-NAMED C	OOWNER (Please	print)		DAYTIME TELEF	PHONE NUMBER
7. SIGNATURE  OLIA  PURCHASER'S						CITY	STATE	ZIP CODE
7. SIGNATURE PURCHASER'S PURCHASER'S		bove)					N ACT NOTICE	
PURCHASER'S STREET ADDR	NAME, IF OTHER TO		NS FOR PRIV	ACY ACT AND PAR	ERWO	RK REDUCTIO	MACINOINE	FRB COPY
PURCHASER'S STREET ADDR	NAME, IF OTHER TO		NS FOR PRIV	ACY ACT AND PAR	PERWO	RK REDUCTIO	NACI NOTICE	FRB COPY

# INSTRUCTIONS FOR COMPLETING THE PURCHASE ORDER 1. FULL NAME OF OWNER OR FIRST-NAMED COOWNER. Clearly PRINT in capital letters the full name and social security account number of the owner or first-named coowner. Initials should not be provided for both first and middle names unless they are the owner's legal given name. A social security account number must be provided. If this is a gift bond purchase, use the owner's name and social securify account number if available. If the owner's social security account number is unavailable, use the purchaser's number, use of the purchaser's number does not confer rights to the bond or require interest reporting. See example below. JOHN Name Social Security Number Bonds may be registered as follows: (a) Individuals in their own right.—The bonds may be issued in the names of individuals (whether adults or minors) in single ownership, coownership, or beneficiary (POD) forms of registration. (b) Others—Bonds are also available in other forms of registration. Trust forms of registration must be submitted on Form PD F 5374-1. NAME OF PERSON TO RECEIVE BONDS IF OTHER THAN OWNER OR FIRST-NAMED COOWNER ABOVE. After "Mail to;" print the name to whom the bonds are to be mailed if different from the owner or first-named coowner shown in 1 above. If the same as in 1 above, leave blank NOTE: This information will appear on the bond, but does not establish any ownership rights ADDRESS WHERE BONDS ARE TO BE MAILED. In all cases, print the address where the bonds are to be mailed. NOTE: This information will appear on the bond. 4. COOWNER OR BENEFICIARY (Optional). If you wish to name a coowner or beneficiary on the bonds, check the appropriate box to indicate the form of registration desired and print the person's full name. Coownership will be assumed if neither or both boxes are If you name a coowner. The bonds may be cashed by either coowner. The name of a living coowner cannot be eliminated unless at least one of the coowners is a party to a divorce or an annulment. If you name a beneficiary: The bonds may not be cashed by the beneficiary during the lifetime of the owner. The name of a beneficiary can be eliminated without the beneficiary's consent. 5. BONDS ORDERED. Indicate next to the appropriate denomination the number of bonds being purchased; the total price involved for each denomination (no of bonds X issue price); and the total amount of purchase. If you fail to indicate the denomination preferred, the fewest number of bonds which equal the total amount of purchase will be issued. DATE PURCHASE ORDER AND PAYMENT PRESENTED TO AGENT. Indicate the date on which the purchase order and payment is presented (received) and accepted by the bank or other financial institution authorized to act as an agent of the Treasury Department 7. SIGNATURE. Please sign this purchase order. Print your name and address if they don't appear in the registration of the bonds as shown in Sections 1 and 3. In order to promptly resolve any problems connected with this purchase order, also provide a telephone number where you ordinarily may be reached Monday through Enday, from 9 a.m. to 5 p.m. NOTE: Upon completion, submit purchase order and total amount of purchase to a financial institution authorized to sell U.S. Savings Bonds. ALLOW ABOUT THREE WEEKS FOR PROCESSING NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS. The colocion of the information you are requested to provide on this form, including the furnishing of a social security number, is authorized by 31 U.S.C. Ch. 31 relating to the public debt of the United States. The purpose of requesting the information is to enable the Bureau of the Public Debt and its against to issue securities, process transactions, make payments and identify owns Furnishing the information is voluntary, however, without the information Public Debt may be unable to process transactions.

information concerning securities holdings and transactions is considered confidential under Treasury regulations (21 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for highling purposes; others entitled to distribution or payment; agents and confractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies transplayed computer matches: Congressional offices in response to an inquiry by the individual to whom the record performs, as otherwise authorized by low or regulation.

We estimate it will take you about 05 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number to displayed on the form. Any comments or suggestions regarding this form about to sent to the Bureau of the Public Debt. Forms Management Officiar, Parkersburg, WV 26105-1228. BC NOT SEND completed form to the above address; instead, send to a financial institution authorized to sell U.S. Savings Bonds.

Name BANK USATR U/A MARY D SMITH DTD 5-15-02  Social Security — OR Taxpayer ID 12-3 45  2. NAME OF PERSON TO RECEIVE BONDS IF OTHER THAN FIDUCIARY ABOVE  Mail to: BANK USA ATTN JANE DOE  3. ADDRESS WHERE BONDS ARE TO BE MAILED	4 <i>5</i>
Social Security  — OR Taxpayer ID   2 - 3 4 5    2 NAME OF PERSON TO RECEIVE BONDS IF OTHER THAN FIDUCIARY ABOVE  Mail to: BANK USA ATTN JANE DOE  3. ADDRESS WHERE BONDS ARE TO BE MAILED    1 2 3 MAIN ST    (NUMBER AND STREET, RURAL ROUTE, OR POST OFFICE BOX)   SOMETOWN    (CITY OR TOWN)   FL   2 3    (CITY OR TOWN)   (STATE)    (COOWNER OR BENEFICIARY (Optional) The following person is to be named as coowner beneficial Name  (Coownership will be assumed if neither or both blocks are checked.)  5. BONDS ORDERED	4 <i>5</i>
Number  2. NAME OF PERSON TO RECEIVE BONDS IF OTHER THAN FIDUCIARY ABOVE  Mail to: BANK USA ATTN JANE DOE  3. ADDRESS WHERE BONDS ARE TO BE MAILED    2 3 MAIN ST  (NUMBER AND STREET, RURAL ROUTE, OR POST OFFICE BOX)   (CITY OR TOWN)   FL   2 3 (ZIP COT   (STATE)   (ZIP COT   (STATE)   (ZIP COT   (COWNER OR BENEFICIARY (Optional) The following person is to be named as coowner beneficial Name  (Coownership will be assumed if neither or both blocks are checked.)  5. BONDS ORDERED	4 <i>5</i>
Mail to: BANK USA ATTN JANE DOE  3. ADDRESS WHERE BONDS ARE TO BE MAILED  1 2 3 MAIN ST  (NUMBER AND STREET, RURAL ROUTE, OR POST OFFICE BOX)  SOMETOWN  (CITY OR TOWN)  4. COOWNER OR BENEFICIARY (Optional) The following person is to be named as coowner beneficial Name  (Coownership will be assumed if neither or both blocks are checked.)  5. BONDS ORDERED	DE)
3. ADDRESS WHERE BONDS ARE TO BE MAILED  123 MAIN ST (NUMBER AND STREET, RURAL ROUTE, OR POST OFFICE BOX)  SOMETOWN (CITY OR TOWN)  4. COOWNER OR BENEFICIARY (Optional) The following person is to be named as coowner beneficial Name (Coownership will be assumed if neither or both blocks are checked.)  5. BONDS ORDERED	DE)
(NUMBER AND STREET, RURAL ROUTE, OR POST OFFICE BOX)  SOMETOWN  (CITY OR TOWN)  (STATE)  (STA	DE)
(Cownership will be assumed if neither or both blocks are checked.)  SOMETOWN  FL 1 2 3  (STATE)  (STA	DE)
(CITY OR TOWN) (STATE) (ZIP COL  4. COOWNER OR BENEFICIARY (Optional) The following person is to be named as coowner beneficial  Name (Coownership will be assumed if neither or both blocks are checked.)  5. BONDS ORDERED	DE)
4. COOWNER OR BENEFICIARY (Optional) The following person is to be named as coowner beneficial Name (Coownership will be assumed if neither or both blocks are checked.)  5. BONDS ORDERED	
Name (Coownership will be assumed if neither or both blocks are checked.) 5. BONDS ORDERED	
(Coownership will be assumed if neither or both blocks are checked.)  5. BONDS ORDERED	
5. BONDS ORDERED	
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TOTAL ISSUE PRICE OF PORCHASE \$ 5,000 TOTAL AMOUNT OF PURCHASE	E 13 CONNECT
6. DATE PURCHASE ORDER AND PAYMENT PRESENTED TO AGENT 06 70 06	
7. SIGNATURE	
B. Clain Turner	
PURCHASER'S SIGNATURE	
B. PLAIN TURNER BANK USA ((11)222-333 PURCHASERS NAME, IF OTHER THAN OWNER OF FIRST-NAMED COOWNER (Please print)  DAYTIME TELEPHONE	2
STREET ADDRESS (If not shown above)  CITY STATE	

### INSTRUCTIONS FOR COMPLETING THE PURCHASE ORDER

FIDUCIARY REGISTRATION. Clearly PRINT in block letters the name and title or capacity of the fiduciary (including legal
guardians and similar representatives, certain custodians, and trustees) followed by an appropriate reference to the
estate or the authority governing the trust. Show the social security account number of the ward or the taxpayer identifying number
assigned to the trust. A social security account or taxpayer number must be provided.

Examples Of Authorized Registrations	Abbreviations To Be Used On Purchase Order
Tenth National Bank guardian (or conservator, etc.) of the estate of George N. Brown, a minor (or incompetent, aged person, etc.).	Tenth Natl Bk gdn (or cons) est George N Brown an incomp (or aged pers, etc.)
Teath National Bank, trustee under agreement with Paul E. White, dated 2/1/80	Tenth Natl Bx Tr U/A Paul E White dtd 2-1-80
Carl A. Black and Henry B. Green, co-trustees under agreement with Paul E. White, dated 2/1/80.	Carl A Black & Henry B Green Co-Tr U/A Paul E White dtd 2-1-80
Paul E, White, trustee under declaration of trust dated 2/1/80	Paul E White Tr U/D/T dtd 2-1-80

For complete information as to authorized forms of registration and restrictions, see Department Circular, Public Debt Sarlas No. 2-98.

- NAME OF PERSONS TO RECEIVE BONDS IF OTHER THAN FIDUCIARY ABOVE. After "Mail to." print the name to whom the bonda are to be mailed.
- 3. ADDRESS WHERE BONDS ARE TO BE MAILED. In all cases, print the address where the bonds are to be mailed.
- 4. COOWNER OR BENEFICIARY. You may not include a coowner or beneficiary on bonds issued in a trust form of registration. You may, however, include a coowner or beneficiary on bonds that name as owner a minor or incompetent person who is under legal guardianship, but only if the funds used to purchase the bonds do not belong to the minor or incompetent.

If you wish to name a coowner or beneficiary, check the appropriate box and print the person's name.

If you name a coowner: The bonds may be cashed by the coowner or by the guardian (or conservator, etc.) of the estate of the minor or incompetent.

If you name a beneficiary: The bonds may not be cashed by the beneficiary during the lifetime of the owner.

- BONDS ORDERED. Indicate next to the appropriate denomination the number of bonds being purchased; the total price involved for each denomination (no. of bonds X issue price); and the total amount of purchase. If you fail to indicate the denomination preferred, the fewest number of bonds which equal the total amount of purchase will be issued.
- DATE PURCHASE ORDER AND PAYMENT PRESENTED TO AGENT. Indicate the date on which the purchase order and
  payment is presented (received) and accepted by the bank or other financial institution authorized to act as an agent of
  the Treasury Department.
- 7. SIGNATURE. Please sign this purchase order. Print your name and address if it does not appear in the registration of the bonds as shown in Section 1. In order to promptly resolve any problems connected with this purchase order, also provide a telephone number where you ordinarily may be reached Monday through Finday, from 9 a.m. to 5 p.m.

NOTE: Upon completion, submit purchase order and total amount of purchase to a financial institution authorized to sell U.S. Savings Bonds.

ALLOW ABOUT THREE WEEKS FOR PROCESSING.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. Ch. 31 relating to the public debt of the United States. The turnishing of a social security number, if requested, is also required by Section 6109 of the Informat Revenue Code (26 U.S.C. 6109).

The purpose for requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the internal Revenue Service. Furnishing the information is voluntary, however, without the information Public Debt may be unable to process transactions.

information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and courts of this purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entitles for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 5 minutes to complete this form. However, you are not required to provide information requested unless a valid DMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt. Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; instead, send to a financial institution authorized to sell U.S. Savings Bonds.

# Sample **PD F 5394 E** (Page 1 of 8)

For official	l use only:					
Customer				Customer No.		
Bureau of the	E t of the Treasury he Public Debt ecember 2006)		ND REQUEST FOR DISPOS ENT'S TREASURY SECURIT	IES	OMB No. 1	
iMPORTAI statement	NT: Follow Instructions in fil to the United States is a crim	lling out this form. You see that is punishable by fi	Vis should be aware that the making ne and/or imprisonment. OR TYPE ALL INFORMATION	it us on the Web of any false, fictiti		
Savings I		es) and/or related pay	United States Treasury Securements belonging to a decedent			
Bureau of	the Public Debt, using the a HH/H (paper) Savings Bond E/EE/I (paper) Savings Bond E, EE, and I Book-Entry (ele	iddress listed below that is – PO Box 2186, Parke ds – PO Box 7012, Park ectronic) Savings Bonds s, and TIPS (paper and o	ted checks, and any necessary is appropriate to the type of seignsburg, WV 26106-2186 ersburg, WV 26106-7012 – PO Box 7015, Parkersburg, Velectronic issues) - PO Box 426 ructions before completing this	curity involved: W 26106-7015 Parkersburg, W		reasury
PART A -	DECEDENT'S INFORMAT	ION		747177		
	he information below and	submit certified copies	of the death certificates for a			
				a, the person was u	ed last)	
	123-46-6 (Decedent's Soci	cial Security Number	CA (State of L	egal Residence)		
DART R	CIRCUMSTANCES OF RE		(como or an	gui riosidanocy		_
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# Sample **PD F 5394 E** (Page 2 of 8)

We are the person(s) entitled to			S TO PERSONS ENTITLED est and agree to distribution of the	ne decedent's securities and/or checks as follows	
1. Distribute to: DON V	NESTO	V			
160-10-	0012		(Name of Entitled Person)		
456-18- (So	cial Security N	umber)	OR	Employer Identification Number)	
2. Description of securities a	ind/or paym	ents:		The second section	
TITLE OF SECURITY	DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION	
PAPER SERIES EE BOND	1%4	1000	M130843125FE	123-46-6789	
				BETH WESTON	
				123 4TH LN	
				SUNNY CA 12345	
			1.		
Savings Bonds or Notes (paper /issue) (Series A-D, E, EE, F, G, H, HH, I, J, & K)    Payment by Check   Payment by Direct Deposit   Conversion to Electronic Issue (Same Saries)   Reissue in single owner form   Reissue with a coowner *   Reissue with a beneficiary *  * Name of Coowner/Beneficiary:			Book-Entry Savings Bonds (electronic issue) (Series E, EE and I)  Payment by Direct Deposit  Transfer to TreasuryDirect® Account Number  Marketable Treasury Bills, Notes, Bonds, and TIPS (paper or electronic issue)  Transfer unmatured securities to a new or existing Legacy Treasury Direct or TreasuryDirect Account Number  Transfer unmatured securities to a Commercial Book-Entry Account  Sell the unmatured security  Payment of the matured Book-Entry or definitive security (by check)  Payment of the matured Book-Entry security (by Direct Deposit)		
5. Mailing address: 123	4TH	LN			
SUN 6. Direct Deposit funds as au		4 12345 ow:			
		/Na	me/Names on the Account)		
		(No	The second secon	Account: Checking Savings	
Bank Routing No.:	ositor's Acco	unt No.)			
	(Financial II	nstitution's Name		(Phone No.)	
			(2)	PD F 5394	

# Sample **PD F 5394 E** (Page 3 of 8)

1. Distribute to:					
a contraction .			(Name of Entitled Person	1)	
- (Sc	ocial Security N	umber)	OR	(Employer Identification Number)	-5
2. Description of securities	and/or paym			(Lampie) or to an income the control of	
TITLE OF SECURITY	DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION	
Complete a separate Pan Savings Bonds or Notes (p. (Series A-D, E, EE, F, A H) Payment by check Payment by Direct D Conversion to Electro Reissue in single owr Reissue with a coowr Reissue with a benefi Name of Coowner/Bene	(D for each d paper issue)  1. (. J. & K)  1. (. J. & K)	Book-Erics    Book-Erics    Ps   Tri   Tri   Series    Tri   Tri   Se   Ps     Pa   Pa	n or type of distribution des tyty Savings Bonds (electronic, EE and I) syment by Direct Deposit ansfer to TreasuryDirect® A ble Treasury Bills, Notes, Bor ansfer unmatured securities isting Legacy Treasury Dire easuryDirect Account Numb ansfer unmatured securities ell the unmatured security syment of the matured Book	c issue)  ccount Number  ids, and TIPS (paper or electronic issue) to a new or ct or	
_		(Nar	me/Names on the Account)		-
Bank Routing No.:	positor's Acco		Action and the Control of the Contro	of Account: Checking Savings	
1	(Financial I	nstitution's Name)		(Phone No.)	
			(3)	PD	F 5394

# Sample **PD F 5394 E** (Page 4 of 8)

4 Distribute to:			NTS TO PERSONS EN	TITLED (COMMITTED)	
1. Distribute to:			(Name of Entitle	ed Person)	
100	cial Security N	riseb ext	OR	(Complement let	lentification Number)
2. Description of securities a	The second secon	C-0		(Employer lo	entification Number)
TITLE OF SECURITY	T LOCKET		AMOUNT IDENTIFYING NUMBER		REGISTRATION
	PATE .				
			-		
• E	In full	-		J	
3. Extent of distribution:			re/ or Percentage)		
Payment by check Payment by Direct De Conversion to Electro Reissue in single own Reissue with a coown Reissue with a benefit Name of Coowner/Bene	er form er *	me Series) Marr	Transfer unmatured si existing Legacy Treas TreasuryDirect Account Transfer unmatured si Sell the unmatured se	irect® Account Num  otes, Bonds, and TIPS  ecurities to a new or  ury Direct or  nt Number  ecurities to a Comme  curity  ed Book-Entry or def	S (paper or electronic issue) ercial Book-Entry Account finitive security (by check)
-					
6. Direct Deposit funds as au	thorized be	low:			
(Dep Bank Routing No.:	ositor's Acc		(Name/Names on the A		t: Checking Savings
	, andread				PD F 5394
			(4)		PO F 5394

# Sample **PD F 5394 E** (Page 5 of 8)

	S AND CERTIFICATIONS				
knowledge and belief successors and assign unconditionally and pr administrative costs, a	tify under penalty of perjury that the information pri and agree to distribution of the securities as indicas, s, jointly and severally, to hold the United States harmles omptly repay the United States in the event of any knd penalties. We consent to the release of any infon ation, to any party having an ownership or entitlement inte	ted in less on access which	Part D. We bind ecount of the trans ch results from the regarding this trans	ourselves, our heirs, le saction requested, to in his request, including insaction, including info	egatees, indemnify interest,
	You must wait until you are in the presence of a cert				
Sign Here: ⇒	Pon Weston (Applicant's Signature)	-	555-3 (Daytim	s = dec n As	
Address:	123 4TH LN SUN (Number and Street, Rural Route, or PO Box)	NY (City)	C <del>N</del> (State)	9 12 34 (ZIP Code)	_
E-Mail Address:					_
Sign Here: ⇒	(Applicant's Signature)	_	(Daytim	e Telephone Number)	
Address:	(Number and Street, Rural Route, or PO Box)	(City)	(State)	(ZIP Code)	-
E-Mail Address:					
Sign Here: ⇒	(Applicant's Signature)		(Daytim	e Telephone Number)	_
Address:	(Number and Street, Rural Route, or PO Box)	(City)	(State)	(ZIP Code)	-
E-Mail Address:					
Sign Here: ⇒	(Applicant's Signature)	_	(Daytim	e Telephone Number)	
Address:	(Number and Street, Rural Route, or PO Box)	(City)	(State)	(ZIP Code)	
E-Mail Address:					
Sign Here: ⇒	(Applicant's Signature)	_	(Daytim	e Telephone Number)	_
Address:	(Number and Street, Rural Route, or PO Box)	(City)	(State)	(ZIP Code)	
E-Mail Address:					
Person to contact if add	itional information is necessary: (Name, Daytime 1	elephon	e Number, and E-Ma	ail Address, if applicable)	
	(5)			PC	F 5394

# Sample **PD F 5394 E** (Page 6 of 8)

Certifying Officer - The Individuals must sign in y	your presence. You must comp		ffix your stamp or seal.  ntity is known or was		
proven to me, personally appeared before me this	2.5 day of	JUNE	. 2007		
at GUNNY CA (State)  (OFFICIAL STAMP OR SEAL)	and signed that form.  Mutch Hum (Signa US BANK				
	SUNNY	CA (State)	91234 (ZIP Code)		
I CERTIFY that		, whose ide	ntity is known or was		
proven to me, personally appeared before me this _ at	day of and signed this form.	(Month)	(Year)		
(City) (State)	101-1-1				
(OFFICIAL STAMP OR SEAL)		ture and title of certifying office ober and Street or Rural Route			
	(City)	(State)	(ZIP Code)		
I CERTIFY that	(enty)		ntity is known or was		
proven to me, personally appeared before me this	day of				
at(City) (State)	, and signed this form.	(Month)	(Year)		
(OFFICIAL STAMP OR SEAL)		ture and title of certifying office			
on delay		ber and Street or Rural Route			
	(City)	(State)	(ZIP Code)		
roven to me, personally appeared before me this	day of	, whose ider	ntity is known or was		
at(City) (State)	, and signed this form.	(Month)	(Year)		
(OFFICIAL STAMP	(Signa	ture and title of certifying office	er)		
OR SEAL)	(Num	ber and Street or Rural Route	).		
	(City)	(State)	(ZIP Code)		
I CERTIFY that	45.4	, whose ider	ntity is known or was		
proven to me, personally appeared before me this _ at	day of day of	(Month)	(Year)		
(City) (State)	(Signa	ture and title of certifying office	ard.		
(OFFICIAL STAMP OR SEAL)	(Signature and title of certifying officer)  (Number and Street or Rural Route)				
	(City)	(State)	(ZIP Code)		
	(Gily)	(State)	(ZIF CODE)		
	(6)		PD F 5394		

#### INSTRUCTIONS

USE OF FORM – Use this form to request disposition of United States Treasury Securities (Treasury Bills, Notes, Bonds, TIPS, Savings Bonds, and Savings Notes) and/or related payments belonging to a decedent's estate, under the following circumstances:

- > The estate was formally administered through the court and has been closed.
- The estate is being settled in accordance with State statute such as Summary Administration, Small Estates Acts, Texas Muniment of Title, Louisiana Judgment of Possession, etc., without the necessity of the court appointing an administrator, executor, or similar legal representative.

ATTACHMENTS - If more space is needed for any item, use a plain sheet of paper or make photocopies, as necessary, and attach to the form.

#### PART A - DECEDENT'S INFORMATION

Provide the requested information regarding the decedent. If more than one deceased person is named on the securities, provide the information for the person who died last.

Insert the following information:

- > The decedent's name
- > The decedent's Social Security Number
- The state of the decedent's last legal residence

Submit certified copies of the death certificates for all deceased registrants.

### PART B - CIRCUMSTANCES OF REQUEST

Mark the appropriate box to indicate the circumstances under which you are using this form.

- Mark box 1 if the estate has been settled through court proceedings and the legal representative is no longer acting.
- Mark box 2 if the estate is being settled in accordance with State statute (for example: Summary Administration, Small Estates Act, Texas Muniment of Title, or Louisiana Judgment of Possession).

**Evidence Requirements:** 

If the estate is closed, submit a certified copy under court seal of the final account or decree of distribution, if any.

If the estate is being settled in accordance with State statute, submit the original or a copy, certified under court seal (if filed with the court), of the evidence making distribution of the securities and/or payments or establishing your authority to collect the proceeds of the estate in accordance with the State law or statute.

### PART C - PERSONS ENTITLED

List all persons entitled to collect the securities and/or payments through the decedent's estate, as established in the supporting evidence.

- Show each entitled person's name, the basis of his/her entitlement (i.e., "legatee," "surviving spouse," etc.), and his/her age, if under 21.
- 2. Show any of the persons listed in Item 1 who are under a legal disability. In the space for "Legal Disability," enter the nature of the disability, such as the individual is an "incapacitated person." If appointed by the court, show the legal representative's name and address. In the space for "Capacity," enter the official title or description of the representative acting, for example, "legal guardian" or "conservator." The representative must submit a certified copy under court seal of the letters of appointment dated within one year of submission.

# PART D - DISPOSITION OF SECURITIES AND PAYMENTS TO PERSONS ENTITLED

Complete Items 1 through 5.

- Enter the name of only one entitled person in each Part D, Item 1. (A separate Part D must be completed for each person entitled and each type of distribution desired.) Enter the appropriate social security or employer identification number.
- 2. Describe only the securities or checks to which the person shown in Item 1 is entitled, in whole or in part:
  - TITLE OF SECURITY Identify each security by series, interest rate, type, CUSIP, call and maturity date, as appropriate. If describing a check, insert the word "check."
  - > ISSUE DATE Provide the issue date of each security or check.
  - FACE AMOUNT Provide the face amount (par or denomination) of each security or check.
  - IDENTIFYING NUMBER (if applicable) Provide the serial number of each security, the confirmation number, or the check number.
  - REGISTRATION Provide the registration of each security, check, or account, also provide the account number, if any.
    Note: If the taxpayer identification number is included in the registration but is masked (i.e. \*\*\*-\*\*-1234), please be sure to provide the entire number.

Part D continued on next page.

(7)

PART D - DISPOSITION OF SECURITIES AND PAYMENTS TO PERSONS ENTITLED	(continued from previous page)

TITLE OF SECURITY	DATE	FACE AMOUNT	IDENTIFYING NUMBER	REGISTRATION
Paper Marketable Security 9 1/8 % TREASURY BOND OF 2004-2009 MATURES 5/15/09 CUSIP 912810CG1	5/15/79	\$5,000	Serial # 123	JOHN DOE AND BOB DOE SSN 222-22-2222 ACCT # 4800-123-1234 JIM DOE SSN 222-22-2222 ACCT # N-111-11-1111 BOB SMITH SSN 222-22-2222 BILL SMITH OR JAME SMITH
Electronic Marketable Security CUSIP 912795QW4	2/5/04	\$1,000		
Electronic Series I Savings Bond SERIES	1/1/02	\$100	Confirmation # 12345	
Paper Series EE Savings Bond SERIES EE	7/99	\$100	Serial # C-123,456,789-EE	
Check CHECK	7/26/04	\$351.02	Check # 502123456	

- If unsure what to provide in each of the areas, furnish all information shown on the face of the security or check in the space for REGISTRATION.
- Mark the block "In full" if the person listed in Item 1 is to receive the entire value of the securities and/or checks described in Item 2; or if the person listed in Item 1 is not to receive the entire value, mark the second block and provide the amount, fractional share, or percentage to which he/she is entitled.
- Check the appropriate block indicating type of distribution for the particular type of security involved (securities can't be transferred from one type to another). Provide account numbers, if any.

  Provide a separate Part D for each different registration or type of distribution desired.
- Provide a separate Part D for each different registration or type of distribution desired.
   In certain circumstances, we may need to request additional forms and/or information in order to complete the requested action. In this event, we will provide any additional forms and/or instructions.
   Requests for reissue or transfer (when applicable) may not be available if there is not sufficient time to process the transaction before the security matures. If we are unable to process the reissue or transfer request before the security matures, payment will be issued. All Saving Bonds of Series A, B, C, D, F, G, J, and K, and Savings Notes have reached final maturity and must be redeemed.
   Any interest which is or becomes due on securities belonging to the estate of the decedent will be paid to the person to whom the securities are distributed, unless otherwise requested.
   Provide mailing instructions. (If payment by Direct Deposit is desired, complete Item 6 instead.)
- Provide information on the bank account where the payment is to be direct deposited. All persons requesting payment must sign in Part E of this form. If payment is to be deposited to a bank account in the name of a different person, then that person or his/her representative, who can authorize such a deposit, must also sign in Part E. Treasury Bills, Notes, Bonds, and TIPS held in book-entry, payment may be made by Direct Deposit only if one individual is entitled to payment.

#### PART E - SIGNATURES AND CERTIFICATIONS

SIGNATURES - The application must be signed in ink by:

- All competent persons listed in Part C, Item 1 and Part D, Item 1.

  The legal guardian or similar representative of the estate of any person under legal disability listed in Part C, Item 2 or Part D, Item 1; and
- > A parent on behalf of any minor listed in Part C, Item 1 or Part D, Item 1.

CERTIFICATION – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most banking institutions, including credit unions.

ADDITIONAL EVIDENCE – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right in any particular case to require the submission of additional evidence.

RETURN OF EVIDENCE – If you want the evidence submitted with this form returned to you, please provide a written request when you submit the form and evidence.

WHERE TO SEND – Send the completed form, all of the securities, if any, and required evidence to the appropriate address as shown at the beginning of this form.

#### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form (a assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. This voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including deligibility for benefits, finding persons we've lost contact with, or helping collect debts; agencies for investigations or prosecutions, courts, course, and others for litigation and other proceedings, a Congressional office asking on your behalf, and as otherwise authorized by law.

ite it will take you about 30 minutes to complete this form. However, you are not required to provide information requested us of the public of the provided on the form. Any comments of suggestions regarding this form should be sent to the Eureau of the Public and Officer, Parkersburg, WY 26106-1328. DO NOT SEND completed form to the above address; send to address shown in

# Sample PD F 5396 E

For official use only: Customer Name		Customer No.		
PD F 5396 E Department of the Treasury Sureau of the Public Debt Revised August 2004)  Direct Deposit Sign-Up Form				
Check	one: Interest payments	Redemption payment		
Check this box if the addre	ss furnished below should not be used to u	pdate HH/H accounts.		
Please Print:	Sough Ann			
Name (or names, if joint accou	nt) Sarah Brown			
Address 123 Firs	+ Way			
Sunny	CA 12345			
Telephone No. (Home)	155-555-555 (Work	()		
Social Security No. 456	_ 18 - 9 0 1 2 <b>OR</b> Employer Id	entification No.		
	Enter the following information OR attac	h a voided check: *		
Depositor's Account No.		Type of Account		
0821119243		Checking Savings		
Bank Routing No. 216	70-6322-0	Phone No.		
Financial Institution Name		(562) 222-222		
SUNNY BAN	K			
<ul> <li>If you want payments depose correct routing number to use</li> </ul>	ited at a credit union, DO NOT ATTACH A VO	DIDED CHECK. Ask the credit union to tell you the		
	person whose taxpayer identification nu	ımber is shown should sign the form.		
Under penalty of perjury, I certif	y that: number shown on this form is my correct taxpay.	er identification number (or I am waiting for a number		
to be issued to me), and				
Internal Revenue Service (	IRS) that I am subject to backup withholding as by the Internal Revenue Service that I am no long	kup withholding, or (b) I have not been notified by the a result of a failure to report all interest or dividends, ger subject to backup withholding, and		
(Instructions - You must cros	s out Item 2 above if you have been notified I	by the IRS that you are currently subject to backup		
withholding because you have t	ailed to report all interest and dividends on your	11-13-03		
<u>autur 10</u>	(Signature)	(Date)		
Instructions: Complete and sign this form to re Unless otherwise notified, the taxpayer identification number	address and direct deposit information furni	nterest payments or a savings bond redemption payment shed will be updated on all HH/H accounts under the		
WHERE TO SEND - Unless other	rwise instructed, send the completed and signer ropriate forms and evidence, to one of the Treas	d form and, if applicable, the properly signed and certific ury Retail Securities Sites shown below:		
		reasury Retail Securities Site O Box 214		
	Pittsburgh, PA 15230-0299 M	finneapolis, MN 55480-0214		
		-800-553-2663		
authorizes the Treasury Department of forms when we report taxable incombransaction requests. Information on and the Privacy Act. However, the fowho help us manage the public debt.	to borrow money to pay the public debt at the United State to IRS. It's voluntary that you provide the requester occurring your securities holdings and transactions is considering routine uses of this information may include discustors are the properties of the pr	action requests. Our authority comes from 31 U.S.C. Ch. 31 whice alses. Also, 26 U.S.C. 6109 requires us to use your SSN on certaid information, but without it, we may not be able to process you sidered confidential under Tressavur requisitions (31 GFR Part 32) closure to the following persons or entitles: agents and contractor budging disclosure through approved computer matches) determining neighbor the services of the procession of the services and other contents of the services of the		
We estimate it will take you about 10	minutes to complete this form. However, you are not re-	equired to provide information requested unless a valid OMB control sport to the Bureau of the Public Debt. Forms Management Office		

Note: This form may be used in lieu of form SF 1199A.

### Nonadministered Estates Packet (Page 1 of 2)

# Nonadministered Estates Packet For United States Savings Bonds & Notes

We are providing this information in response to your recent inquiry. Complete the appropriate form(s) according to the instructions. If both persons named on the securities are deceased, the information provided on the form(s) should be for the person who died last. If required, sign the form(s) in the presence of an authorized certifying officer (available at a bank, trust company, or credit union).

Please submit a certified copy of the death certificate for the person named on the security. If more than one deceased person is named on the securities, submit certified copies of the death certificates for all deceased registrants.

#### Definitions:

A nonadministered estate is an estate of a decedent for which a legal representative has not been and will not be formally appointed through the probat e court, and one which will not be settled in accordance with the law of the decedent's domicile (such as Summary Administration, Small Estates Act, Texas Muniment of Title, Louisiana Judgment of Possession, etc.).

A voluntary representative is a person qualified, pursuant to the order of precedence as described in Title 31, Code of Federal Regulations (CFR), to request disposition of United States Treasury Securities and/or related payments (not exceeding \$100,000) that belong to a decedent's estate if the estate is not being administered through the court. Public Debt form 5336 provides more detailed information about voluntary representatives.

#### Forms Enclosed:

Must be completed by voluntary representative:

 PD F 5336 – Disposition Of Treasury Securities Belonging To A Decedent's Estate Being Settled Without Administration (Included or available for download at <a href="http://www.TreasuryDirect.gov/forms/sav5336.pdf">http://www.TreasuryDirect.gov/forms/sav5336.pdf</a>)

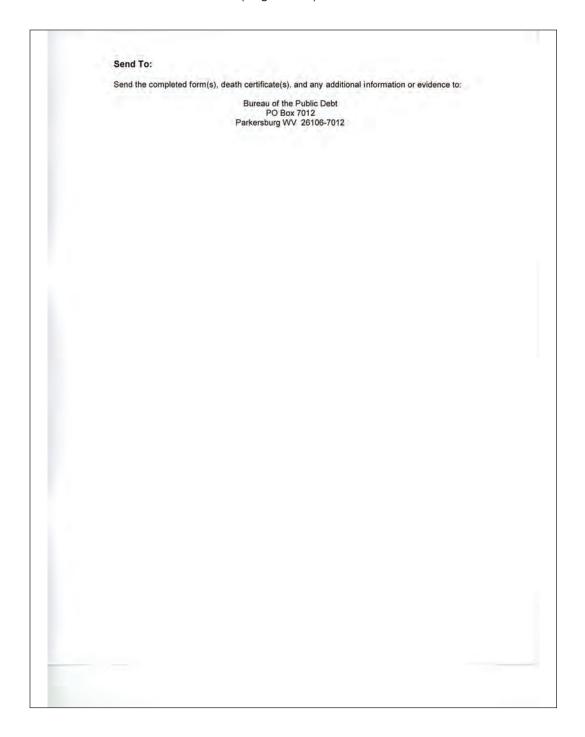
To be completed by person(s) entitled, if indicated on the PD F 5336:

- PD F 4000 Request To Reissue United States Savings Bonds
  (Included or available for download at <a href="http://www.TreasuryDirect.gov/forms/sav4000.pdf">http://www.TreasuryDirect.gov/forms/sav4000.pdf</a>)
- PD F 1522 Special Form Of Request For Payment Of United States Savings and Retirement Securities Where Use Of A Detached Request Is Authorized (Included or available for download at http://www.TreasuryDirect.gov/forms/sav1522.pdf)
- PD F 5396 Direct Deposit Sign-Up Form (If reissuing HH/H bonds) (Included or available for download at <a href="http://www.TreasuryDirect.gov/forms/sav5396.pdf">http://www.TreasuryDirect.gov/forms/sav5396.pdf</a>)

For further information, visit us on the web at www.treasurydirect.gov or call 304-480-7711.

Revised January 2007

# Nonadministered Estates Packet (Page 2 of 2)



# Power of Attorney Packet (Page 1 of 1)

# Power of Attorney Packet United States Savings Bonds & Notes

We are providing this information in response to your recent inquiry. Please submit a certified copy of the Power of Attorney authorizing the attorney-in-fact to sell or cash bonds or to sell personal property. The document must have a visible stamp or seal of the certifying officer. As an alternative, the owner of the bond(s) can complete a Durable Power of Attorney for Securities and Savings Bonds Transactions (PD F 5188).

If payment of the bond(s) is desired, the attorney-in-fact must sign the request for payment on the back of the bond(s) in his/her fiduciary capacity in the presence of an authorized certifying officer (available at a bank, trust company, or credit union).

If a change of address or an update to ACH payment information for Series H/HH bond(s) is desired, the attorney-in-fact must complete a Direct Deposit Sign-Up Form (PD F 5396).

It is important that the form(s) be completed and signed in accordance with the instructions. Please note that PD F 5188 must be signed in the presence of an authorized certifying officer (available at a bank, trust company, or credit union), if applicable.

PD F 5188 – Durable Power of Attorney for Securities and Savings Bonds Transactions (Included or available for download at <a href="http://www.TreasurvDirect.gov/forms/sec5188.pdf">http://www.TreasurvDirect.gov/forms/sec5188.pdf</a>)

PD F 5396 – Direct Deposit Sign-Up Form (Included or available for download at <a href="http://www.TreasuryDirect.gov/forms/sav5396.pdf">http://www.TreasuryDirect.gov/forms/sav5396.pdf</a>)

NOTE: Savings bonds may not be reissued upon the request of an attorney-in-fact.

Send To:

Bureau of the Public Debt PO Box 7012 Parkersburg WV 26106-7012

Include the completed form(s) and/or Power of Attorney document along with the savings bonds (if applicable).

For further information, visit us on the web at <a href="https://www.treasurydirect.gov">www.treasurydirect.gov</a> or call 304-480-7711.

Revised January 2007

### **Trust Packet** United States Savings Bonds & Notes

We are providing this information in response to your recent inquiry. Complete the appropriate form(s) according to the instructions. If required, sign the form(s) in the presence of an authorized certifying officer (available at a bank, trust company, or credit union).

#### Definitions:

Personal trust — created by natural persons for the benefit of themselves or other individuals. Personal trusts can be either revocable or irrevocable and are referred to as:

- . Declaration of Trust (U/D/T) the grantor and the trustee are the same person, or
- Trust Under Agreement (U/A) the grantor and the trustee are different persons.

Testamentary trust — created under a will (U/W) and does not take effect until the grantor's

PD F 1455 — Request by Fiduciary for Distribution of United States Treasury Securities (Included or available for download at http://www.TreasuryDirect.gov/forms/sav1455.pdf)

PD F 1851 — Request to Reissue United States Savings Bonds to a Personal Trust (Included or available for download at http://www.TreasuryDirect.gov/forms/sav1851.pdf)

PD F 4000 — Request to Reissue United States Savings Bonds (Included or available for download at http://www.TreasuryDirect.gov/forms/sav4000.pdf)

PD F 5396 - Direct Deposit Sign-Up Form (Included or available for download at http://www.TreasuryDirect.gov/forms/sav5396.pdf)

#### Additional Requirements:

If bonds are registered in the name of a trust and a change in the registration is being

- . Personal Trust Provide a copy of the entire trust agreement with any amendments or pertinent pages and any amendments. The copy of the trust instrument or pertinent pages must contain a signed statement by the person having custody of the original that it is a true and correct copy. The following pages must be included:

  o The page showing the name and date of the trust;

  - The page(s) identifying the successor trustee(s) (if more than one successor trustee is named, also provide the portion of the trust that states if they may act independently);
  - The page with the grantor's certified signature;
  - Any amendments to the trust that may alter the information on the pages submitted or limit the authority of the trustee(s) to request the transaction.
- Testamentary Trust Provide a certified copy of the will, under court seal. (The will must be probated in order for a testamentary trust to be effective.)

# Trust Packet (Page 2 of 2)

In the event the trustee named in the registration of the bond(s) is no longer acting, also provide: A certified copy of the trustee's death certificate; or
 A letter of resignation. If the trust instrument or will does not name a successor trustee, a certified copy of the court order or other evidence is required. An authorized trust registration should include the name(s) of the trustee(s), name(s) of the grantor(s) and, if applicable, the date the trust was created. NOTE: Additional forms or documentation may be required depending on the transaction Send To: Bureau of the Public Debt PO Box 7012 Parkersburg WV 26106-7012 Include the completed form(s), bonds, and the trust instrument (if applicable). For further information, visit us on the web at www.treasurydirect.gov or call 304-480-7711. Revised January 2007

# Claim Packet (Page 1 of 1)

# Claim Packet United States Savings Bonds & Notes

We are providing this information in response to your recent inquiry. To file a claim for a bond that is lost, stolen, or destroyed, you will need to complete a PD F 1048 according to the instructions.

You will need to show a description of the bond(s) in the spaces provided on the form. This information is necessary to identify ownership records of the bonds, which establish rights, authority, and entitlement to the bonds. Please provide as much of the information as you can because failure to furnish the necessary information may prevent the issuance of a substitute bond or payment.

Please sign the form in the presence of an authorized certifying officer (available at a bank, trust company, or credit union).

PD F 1048 – Claim for Lost, Stolen, or Destroyed United States Savings Bonds (Included or available for download at <a href="http://www.TreasuryDirect.gov/forms/sav1048.pdf">http://www.TreasuryDirect.gov/forms/sav1048.pdf</a>)

#### Additional Requirements:

- If the bond(s) is mutilated, carefully pack the pieces and submit them with the claim
  application.
- . If any registrant is deceased, provide a certified copy of the death certificate.

NOTE: Additional forms or documentation may be required depending on the transaction requested.

Send To:

Bureau of the Public Debt PO Box 7012 Parkersburg WV 26106-7012

For further information, visit us on the web at www.treasurydirect.gov or call 304-480-7711.

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